

Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia, P.S. : Dist. - Howrah
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Printed By:IF

REBA BHOWMICK

Female

47

0

S.

PA19037096

27-Jun-2019

14:59

Patient's Name : RG19127492 Charge Coll. No.: [WRD0000013] DIALYSIS UNIT **Sex :** [Free] **Age :** **Yrs. Months Days**
Patient Srl. No. : RAJCHANDRAN **Admission Date :** **Admission Time :** **Patient Category :** PAYING/CABIN/GENERAL
 Kolaghat P. S. Indian Midnapore (E)
 West Bengal Hindu
Registration No. : **Bed No. :** **Patient Type :** OPD/ER
Ward : **Address :** Married **Post Office :** BIMALENDU BHOWMICK **PIN :**
Municipality / Village : **District :** 0
Police Station : DO **Religion :**
State : **Nationality :**
Address for Communication : [DDC0000062] DR. MANABENDRA ROY
Marital Status : **Patient's Occupation :**
Father's Name : **Husband's Name :**
Brought By : **Phone / Mobile No. :**
Doctor/UNIT :
Whether Referred From :
Provisional Diagnosis :

D

Signature of Admitting Officer
Designation

IPC Serial No. :

Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death
- (b) Final Diagnosis or Injury
- (c) Principal Complications
- (d) Principal Associated Diseases

Stay in Hospital (in days)

From to

Date and Hour of Death

at Hrs

Counter Signature of the Visiting Staff / Medical Officer
Regn. No. :

Signature of the Doctor with Designation
Regn. No. :

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