DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL BED HEAD TICKET

SARASWATY PRESS LIMITED

Uluberia S.D. Hospital Vill.+P.O.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Printed By:I

Signature of the Doctor with Designation

Regn. No.:

	SX JAHIDUL ISLAM		Sex:	Male Age:	\38. Months	Day
Patient Srl. No. :	PA19033157 Admission Date	e: 10-Jun-2019\d	mission Time:	19:33 tient Ca	tegory: PAYING/CABIN/G	ENERA
Registration No. :	RG19112942 Charg [WRD0000013] DIALYSIS (e Coll. No.: UNIT	Bed No.:	[Free]	Patient Type : OPD/E	R
Address Municipality / Village: Police Station: State: Address for Communic	Bagnan P. S. West Bengal Mation	ality: Indian	Post Office: District: Religion:	KULITA Howrah Muslim	PARA PIN:	
Marital Status : Father's Name : Brought By :	Single LT SK YAGUB ALI SK NAZRUL ISLAM	Husba	t's Occupation : nd's Name . / Mobile No. :	0		
Doctor/UNIT: Whether Referred Fro Provisional Diagnosis IPC Serial No.:		AJIT CHEL NY No.:	alysis		Signature of Admitting Of Designation	fficer
Specify if		How injury		place of injury	Whether injury occi	
cause of acc Suicide/Ho		Occurred		e/Farm treet / Others	while at work Specify by Yes / N	
Suicide/Ho	micide (To be	Occurred filled in BLOCK LETTERS a	Factory / S	treet / Others		
(a) Outcome: Disch	(To be arged/Left Against Medical Ac	filled in BLOCK LETTERS a	Factory / Sont the end of Hospital	I Stay)	Specify by Yes / h	
(a) Outcome: Disch	(To be arged/Left Against Medical Acor Injury	filled in BLOCK LETTERS a	Factory / So at the end of Hospita d out / Death	l Stay)	Specify by Yes / h	
(a) Outcome: Disch	(To be arged/Left Against Medical Ac	filled in BLOCK LETTERS a	Factory / So at the end of Hospita d out / Death	l Stay)	Specify by Yes / h	
(a) Outcome: Disch (b) Final Diagnosis of (c) Principal Complie	(To be arged/Left Against Medical Acor Injury	filled in BLOCK LETTERS advice / Absconded / Referre	t the end of Hospita d out / Death	I Stay)	Specify by Yes / h	
(a) Outcome: Disch (b) Final Diagnosis (c) Principal Complic (d) Principal Association	(To be arged/Left Against Medical Acor Injury	filled in BLOCK LETTERS advice / Absconded / Referre	rt the end of Hospita d out / Death	l Stay)	Specify by Yes / h	No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: