

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

BED HEAD TICKET

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

Printed By: I

GOLAM MOSTAFA

Male

51

0

0

Patient's Name : PA19037154 27-Jun-2019 Sex : 20:52 Age : Yrs. Months Days

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL

R619127550 Charge Coll. No.:
[WRD0000013] DIALYSIS UNIT

[Free]

Registration No. :

Ward : DURGAPUR Bed No. : KANKROL Patient Type : OPD/ER

Address : Jaypur P. S. Howrah

Municipality / Village : West Bengal Indian Post Office : Muslim PIN :

Police Station : District :

State : Nationality : Religion :

Address for Communication : Married

LT SK DABIRUDDIN

Marital Status : SK ANOWAR ALI Patient's Occupation : 0

Father's Name : Husband's Name :

Brought By : [DOC0000114] DR. BISWAJIT CHEL Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis : CKD.

27/6/19

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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