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

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

Signature of the Doctor with Designation

Regn. No.:

Ward : Bed No.: Patient Type : OPD/ER	Patient's Name:	Control of the Contro			Sex:	Male Age:	Yrs. Months	Day
Ward : (JRD0000013) DIALYDIS UNIT Bed No.: (Free) Patient Type : OPD/ER Address	Patient Srl. No. :	PA19031395 Adm	ission Date :	Admissio	on Time :	96144 Patient Cate	gory: PAYING/CABIN/GE	NERA
Municipality / Village:  Village:  Village:  Village:  Village:  Village:  Namical Statum:  Namical Status:	Registration No.:				Bed No. :	[Free]	Patient Type : OPD/ER	
Municipality / Villages: Uluberia P. S. Post Office: Hoursh Pin: Postice Station: Best Bengal Histonomity: Religion: Housis State Markel Status: Heather's Name	Address -	MAHTSKAL 1		ng an activist symmetric man an el ancet man a securit en electric		BAHIRA	on with the second seco	
State							PIN:	
Address for Communication:  Marriad Status:		West Bengal		4115/4/611		Muslim		
Marital Status : YEAKUB ROLLAH Father's Name : SSLP    CODCORDING   From : Provisional Diagnosis :   CODCORDORN   From :   COD		leethau.	Mationalty:		Religion :			
Martial Status : YEARUB ROLLAH FRAINTS Ame : SELP	Address for Commun							
Father's Name : SELF	Marital Status :			Patient's Occ	cupation :			
Brought By : [D008888911] Br. ALOKE KR. MDKUT]  Doctor/UNIT: Whether Referred From: Provisional Diagnosis: Signature of Admitting Officer Designation  PPC Serial No.: Divery No.:  Specify if it is a Cause of accident/ Suicide/Homicide How injury Occurred Pactory / Street / Others Specify by Ves / 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 (CP Principal Complications (Principal Associated Diseases (Principal Associated Diseases (Principal Associated Diseases (Principal Complications (Principal Complications (Principal Complications (Principal Associated Diseases (Principal Complications (Princip						0		
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Whether Referred From: Provisional Diagnosts:  Signature of Admitting Officer Dasignation  Diagnosts  Specify if it is a cause of accident/ Suicide/Homicide  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		[DOC0000011] [	r. ALOKE KR. MUKUTI					
Provisional Diagnosis:    Comparison							0	
Specify if it is a cause of accident/ Suicide/Homicide  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 Associated Diseases  Stay in Hospital (in days)  Specify the place of injury Home/Farm Factory / Street / Others  Specify by Yes / No.  Specify by Yes / No.  From						146	17	
Complete	Provisional Diagnosis							
Specify if it is a cause of accident/ Suicide/Homicide		2113510					***************************************	Geor
Complete	(1) (4)	Mile				31,		icei
Specify if it is a cause of accident/ Suicide/Homicide  (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 Associated Diseases  Stay in Hospital (in days)  From	IPC Serial No. :		Diery No.:				basignation	
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Suicide/Homicide  Occurred  Factory / Street / Others  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			How Inium		Specify the place of injury			rred
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(a) Outcome: Discharged/Left Against Medical Advice / Absconded / Referred out / Death  (b) Final Diagnosis or Injury	Suicide/H	omicide			Factory / St	reet / Others	Specify by Yes / No	Ws
(c) Principal Complications	Suicide/H	omicide			Factory / St	reet / Others	Specify by Yes / No	<b>"</b>
(d) Principal Associated Diseases			(To be filled in BLOCK		end of Hospital		Specify by Yes / No	
Stay in Hospital (in days) to	(a) Outcome : Disc	harged/Left Against N	(To be filled in BLOCK Medical Advice / Absconde	d / Referred out	end of Hospital / Death	Stay)	Specify by Yes / No	
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Date and Hour of Death at Hrs	(a) Outcome : Disc (b) Final Diagnosis (c) Principal Comp	harged/Left Against Nor Injury	(To be filled in BLOCK fledical Advice / Absconde	d / Referred out	end of Hospital / Death	Stay)		
THE ASSESSMENT OF THE PROPERTY	(a) Outcome: Disc (b) Final Diagnosis (c) Principal Compl (d) Principal Associa	harged/Left Against M or Injury lications	(To be filled in BLOCK fledical Advice / Absconde	d / Referred out	end of Hospital / Death	Stay)		

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: