

**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

Printed By:IP

Patient's Name : JAKIR MULLA **Sex :** Male **Age :** 7 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19031395 **Admission Date :** 03-Jun-2019 **Admission Time :** 06:40 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RG19107488 **Charge Coll. No. :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

Ward : MAHISHALI **Post Office :** BAHIRA **PIN :**

Address : Uluberia P. S. **District :** Howrah

Police Station : West Bengal **Nationality :** Indian **Religion :** Muslim

State : **Address for Communication :**

Marital Status : Married **Patient's Occupation :**

Father's Name : YEAKUB MOLLAH **Husband's Name :**

Brought By : SELF **Phone / Mobile No. :**

Doctor/UNIT : [DOC0000011] Dr. ALOKE KR. MUKUTI

Whether Referred From :

Provisional Diagnosis :

DIALYSIS

[Signature]
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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