

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

Slip

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

Printed By: I

Patient's Name : **SK HABIBUR RAHAMAN** Sex : **Male** Age : **31** Months **0** Days

Patient Srl. No. : **PA19032938** Admission Date : **10-Jun-2019** Admission Time : **06:59** Patient Category : **PAYING/CABIN/GENER**

Registration No. : **RG19111877** Charge Coll. No. : **[WRD0000013] DIALYSIS UNIT** Bed No. : **[Free]** Patient Type : **OPD/ER**

Address : **ALIPUKUR** Municipality / Village : **Uluberia P. S.** Post Office : **BAHIRA** PIN :

Police Station : **West Bengal** State : **West Bengal** Nationality : **Indian** District : **Howrah** Religion : **Muslim**

Address for Communication :

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

Father's Name : **SK MIKAIL** Husband's Name :

Brought By : **SELIMA BEGAM** Phone / Mobile No. :

Doctor/UNIT : **[DOC0000114] DR. BISWAJIT CHEL**

Whether Referred From :

Provisional Diagnosis :

[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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