

**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:

Patient's Name : SOUREN MAITY Sex : Male Age : 36 Yrs. 06 Months 00 Days

Patient Srl. No. : PA1903B952 Admission Date : 06-Jul-2019 Admission Time : 14:41 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19134700 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT
Ward : [Free] Bed No. : [Free] Patient Type : OPD/ER

Address : ULUBERIA Municipality / Village : Uluberia P. S. Post Office : ULUBERIA PIN :
Police Station : West Bengal District : Howrah
State : Indian Nationality : Indian Religion : Hindu


Address for Communication :

Marital Status : Married Patient's Occupation :
Father's Name : SUKUMAR MAITY Husband's Name :
Brought By : ASHA MAITY Phone / Mobile No. :

Doctor/UNIT : [DDC0000062] DR. MANABENDRA ROY

Whether Referred From :

Provisional Diagnosis : (S)


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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