

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

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

Printed By:IP

SK RAJESH ALI

Male

29

Patient's Name : PA19039010      04-Jul-2019      Sex :      20:40      Age :      Yrs.      Months      Days

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

RG19134759      Charge Coll. No.:  
[WRD0000013] DIALYSIS UNIT

[Free]

Registration No. :

Ward :      KALYANPUR

Bed No. :

DO

Patient Type : OPD/ER

Address :

Bagnan P. S.

Howrah

Municipality / Village :

West Bengal

Indian

Post Office :

Muslim

PIN :

Police Station :

District :

State :

Nationality :

Religion :

Address for Communication :

Married

SK NOUSER ALI

Marital Status :

NASINARA BEGAM

Patient's Occupation :

Father's Name :

Husband's Name :

Brought By :

[DOC0000062] DR. MANABENDRA ROY

Phone / Mobile No. :

Doctor/UNIT :

DIALYSIS

Whether Referred From :

Provisional Diagnosis :

*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. :