


**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:IPDH

Patient's Name : ASHOK SINGHA ROY **Sex :** Male **Age :** 44 Yrs. 0 Months 0 Days
Patient Srl. No. : PA1903B336 **Admission Date :** 03-Jul-2019 **Admission Time :** 10:02 **Patient Category :** PAYING/CABIN/GENERAL
Registration No. : RG19131579 **Charge Coll. No. :** [Free] **Bed No. :** [Free] **Patient Type :** OPD/ER
Ward : [WRD0000013] DIALYSIS UNIT
Address : CHENGAIL **Post Office :** DO **PIN :**
Municipality / Village : Uluberia P. S. **Howrah**
Police Station : West Bengal **Indian** **District :** Hindu
State : **Nationality :** **Religion :**
Address for Communication :
Marital Status : Single **Patient's Occupation :**
Father's Name : LT BANAMALI SINGH ARDY **Husband's Name :** 0
Brought By : SOUVIK **Phone / Mobile No. :**
Doctor/UNIT : [DDC0000011] Dr. ALOKE KR. MUKUTI
Whether Referred From : Dialysis
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
- Principal Complications
- Principal Associated Diseases

Hospital (in days) From to
 Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
 Regn. No. :