

Uluberia S.D. Hospital
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Printed By: IP

ANISHA KHATUN BEGAM

Female

25

0

0

PA19038614

04-Jul-2019

18:01

Patient's Name : Sex : Age : Yrs. Months Days

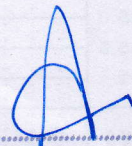
Patient Srl. No. : [MRD0000010] Admission Date : [Free] Admission Time : Patient Category : PAYING/CABIN/GENERAL

Registration No. : KULGACHIA MANICK PUR KULGACHIA
 Ward : Uluberia P. S. Howrah
 Address : West Bengal Indian Bed No. : Muslim Patient Type : OPD/ER

Municipality / Village : Post Office : PIN :
 Police Station : Married District :
 State : Nationality : Religion : SK. SABIR
 Address for Communication :

Marital Status : [DOC0000062] DR. MANABENDRA ROY Patient's Occupation :
 Father's Name : Husband's Name :
 Brought By : Phone / Mobile No. :

Doctor/UNIT :
 Whether Referred From :
 Provisional Diagnosis : Dia


 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. :