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

SARASWATY PRESS LIMITED

6

Regn. No.:

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

Printed By: IPI

Regn. No.:

atient's Name:	JAYANTA KAYAL			Sex:	Male Age:	¥ŗs.	Months	Days
atient Srl. No. :	PA19040662 Adr	nission Date: 15-J	u 1-2019 Admissi	ion Time:	86:07 Patient Cate	egory: PAYIN	IG/CABIN/G	ENERA
Registration No.:	RG19141098 [WRD0000013]	Charge Coll. No.		Bed No.:	[Free]	Patient Ty	pe : OPD/EF	R
Address Municipality / Village Police Station : State : Address for Commun	e: NORTH J Uluberia P. S West Bengal	AGADISHPUR	Indian	Post Office: District: Religion:	ULUBERIA Howrah Hindu	P	IN:	
Marital Status : Father's Name : Brought By :	Married LT ARABINDA SELF	KAYAL	Patient's Od Husband's Phone / Mo		0			
Doctor/UNIT : Whether Referred F Provisional Diagnosi	rom:	DR. BISWAJIT CHEL					1	107
IPC Serial No. :		Diary No.:			3	ignature of A Design	nation	nicei
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.		
cause of a	accident/					The second secon		
cause of a	accident/					The second secon		
cause of a	accident/		K LETTERS at th	Factory / St	reet / Others	The second secon	fy by Yes /	
cause of a	accident/ Homicide	Occurred		Factory / St	reet / Others	The second secon	fy by Yes /	
cause of a Suicide/h	accident/ Homicide	Occurred  (To be filled in BLOCI	led / Referred o	Factory / St ne end of Hospital ut / Death	reet / Others Stay)	Speci	fy by Yes /	
(a) Outcome: Dis	accident/ Homicide scharged/Left Agains	(To be filled in BLOCI	led / Referred or	Factory / St ne end of Hospital ut / Death	Stay)	Speci	fy by Yes /	
(a) Outcome: Dis (b) Final Diagnos (c) Principal Com	scharged/Left Agains is or Injury	(To be filled in BLOCI	led / Referred or	Factory / St ne end of Hospital ut / Death	Stay)	Speci	fy by Yes /	
(a) Outcome: Dis (b) Final Diagnos (c) Principal Com (d) Principal Association	accident/ Homicide  scharged/Left Agains is or Injury plications	(To be filled in BLOCI t Medical Advice / Abscond	led / Referred or	Factory / St ne end of Hospital ut / Death	Stay)	Speci	fy by Yes /	No.
(a) Outcome: Dis (b) Final Diagnos (c) Principal Com (d) Principal Associated	accident/ Homicide  scharged/Left Agains is or Injury  plications	(To be filled in BLOCI t Medical Advice / Abscond	led / Referred or	Factory / St ne end of Hospital ut / Death	Stay)	Speci	fy by Yes /	No.