

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

*Slip*

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

Printed By:IPDH

Patient's Name : JAKIR MOLLAH Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19040664 Admission Date : 15-Jul-2019 Admission Time : 06:18 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19141100 Charge Coll. No. : Bed No. : [Free] Patient Type : OPD/ER

Ward : [WRD0000013] DIALYSIS UNIT Address : PIN :

Municipality / Village : MAHISHALI Post Office : BAHIRA

Police Station : Uluberia P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication :

Marital Status : Married Patient's Occupation :

Father's Name : YEAKUB MOLLAH Husband's Name :

Brought By : SELF Phone / Mobile No. :

Doctor/UNIT : [DOC0000114] DR. BISWAJIT CHEL

Whether Referred From :

Provisional Diagnosis :

*[Signature]*

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 .....

Hospital (in days) .....

From ..... to .....

Hour of Death .....

at ..... Hrs .....

.....  
of the Visiting Staff / Medical Officer

.....  
Signature of the Doctor with Designa  
Regn. No. :