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



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

Printed By:IP

atient's Name: SK RAJESH ALI		Sex:	Male Age:	Yrs. Months Day
atient Srl. No.: PA19040663 Adm	nission Date: 15-Jul-20	Admission Time:	Patient Cate	gory: PAYING/CABIN/GENERA
egistration No.: RG19141099 Vard: RB19141099	Charge Coll. No.:	Bed No.:	[Free]	Patient Type : OPD/ER
Address // Unicipality / Village: KALYANPL rolice Station : Bagnan P. S. State : West Bengal Address for Communication:		Post Office: District: Religion:	DO Howrah Muslim	PIN:
Marital Status : Married Father's Name : SK NAWSER ALI Brought By : NASIMARA BESA		Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
Doctor/UNIT : [D000000114] Whether Referred From: Provisional Diagnosis :	BR. BISWAJIT CHEL			Q009
	Diary No.:			Signature of Admitting Officer Designation
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Hom	place of injury le/Farm treet / Others	Whether injury occurred while at work Specify by Yes / No.
			- 294	
			- die	
	(To be filled in BLOCK LET	TERS at the end of Hospit	al Stay)	
(a) Outcome : Discharged/Left Agains			al Stay)	
(a) Outcome: Discharged/Left Agains (b) Final Diagnosis or Injury	st Medical Advice / Absconded /	Referred out / Death		
	st Medical Advice / Absconded /	Referred out / Death		
(b) Final Diagnosis or Injury	t Medical Advice / Absconded /	Referred out / Death		
(b) Final Diagnosis or Injury(c) Principal Complications	st Medical Advice / Absconded /	Referred out / Death		