## 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: IPD

Patient's Name:	SANJATY ADHIKA	N F		Sex:	Male Age:	¥rs. Months	Days
Patient Srl. No.:	PA19040707 Adm	oission Date:	15-Ju1-2019 <b>Admis</b>	sion Time:	09:2Patient Cat	tegory: PAYING/CABIN/GI	ENERAL
Registration No. :	RG19141244 [WRD0000013] D	Charge Coll. No.: IALYSIS UNIT		Bed No.:	[Free]	Patient Type : OPD/ER	2
Address Municipality / Village Police Station : State : Address for Commun	Panchla P. S. West Bengal	RIA  Nationality:	Indian	Post Office: District: Religion:	JALA BISW Howrah Hindu	IANATHPUR PIN:	
Marital Status : Father's Name : Brought By :	Single LT LAKSHMAN ( CHIRANJIT		Husband's Phone / M	Patient's Occupation : Husband's Name . Phone / Mobile No. :			
Doctor/UNIT : Whether Referred Fr Provisional Diagnosis	rom:	DR. RAJAT KANTI GASU	MAMI		<i>.</i>	Mgnature of Admitting Di Designation	Tices /
IPC Serial No. :		Diary No.:				011	
P3 68 L 11							
Specify if cause of ac Suicide/Ho	ccident/	How inju Occurre		Home	place of injury e/Farm creet / Others	Whether injury occu while at work Specify by Yes / N	
cause of a	ccident/			Home	e/Farm	while at work	
cause of ac Suicide/Ho	ccident/ omicide	Occurre	OCK LETTERS at th	Home Factory / St	e/Farm creet / Others	while at work	
cause of ac Suicide/Ho	ccident/ omicide harged/Left Against I	(To be filled in BLO	OCK LETTERS at the	Home Factory / St ne end of Hospital at / Death	e/Farm creet / Others	while at work Specify by Yes / N	
cause of ac Suicide/Ho (a) Outcome : Discl (b) Final Diagnosis	harged/Left Against I	(To be filled in BLO Medical Advice / Absco	OCK LETTERS at the	Home Factory / St te end of Hospital at / Death	e/Farm creet / Others	while at work Specify by Yes / N	
(a) Outcome: Discl (b) Final Diagnosis (c) Principal Compl	harged/Left Against I or Injury	(To be filled in BLO Medical Advice / Absco	OCK LETTERS at the	Home Factory / St ne end of Hospital at / Death	e/Farm reet / Others  Stay)	while at work Specify by Yes / N	No.
(a) Outcome: Discl (b) Final Diagnosis (c) Principal Compl	harged/Left Against I or Injury	(To be filled in BLO Medical Advice / Absco	OCK LETTERS at the	Home Factory / St ne end of Hospital at / Death	e/Farm reet / Others  Stay)	while at work Specify by Yes / N	No.
(a) Outcome : Discl (b) Final Diagnosis (c) Principal Compl (d) Principal Associa	harged/Left Against I or Injury	(To be filled in BLO Medical Advice / Absco	OCK LETTERS at the	Home Factory / St ne end of Hospital at / Death	e/Farm reet / Others  Stay)	while at work Specify by Yes / N	No.