

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

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

Printed By: **SMAN**

TAPAN SANTRA

Male

60

Patient's Name :

PA19041550

19-Jul-2019

Sex :

Age :

Yrs.

Months

Da

Patient Srl. No. :

Admission Date :

Admission Time :

Patient Category : PAYING/CABIN/GENER

Registration No. :

RG19145223

Charge Coll. No. :

[Free]

Patient Type : OPD/ER

Ward :

Bed No. :

Address :

LUORHANDI

AMULHANDA

Municipality / Village :

Kolaghat P. S.

Post Office :

Midnapore (E)

PIN :

Police Station :

West Bengal

Indian

District :

Hindu

State :

Nationality :

Religion :

Address for Communication :

Married

Marital Status :

LT ANUDHYA SANTRA

Patient's Occupation :

Father's Name :

PRABHATI MAITY

Husband's Name :

Brought By :

[DOC0000114] DR. BISWAJIT CHEL

Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

DIALYSIS

Signature of Admitting Office
Designation

IPC Serial No. :

Entry 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

Signature of the Doctor with Designation
Regn. No. :