

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

BED HEAD TICKET

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

Printed By: _____

CHANDU GHOSH

Male

34

0

0

Patient's Name :

PA19036315

24-Jun-2019

Sex :

10:39

Age :

Yrs.

Months

Days

Patient Srl. No. :

Admission Date :

Admission Time :

Patient Category : PAYING/CABIN/GENERAL

Registration No. :

RG19123740

Charge Coll. No. :

[WRD0000013] DIALYSIS UNIT

[Free]

Ward :

Bed No. :

Patient Type : OPD/ER

Address :

NALDA

POLGUSTIA

Municipality / Village :

Jagatballavpur P. S.

Post Office :

Howrah

PIN :

Police Station :

West Bengal

Indian

District :

Hindu

State :

Nationality :

Religion :

Address for Communication :

Married

Marital Status :

SHIB NATH GHOSH

Patient's Occupation :

Father's Name :

PAMPA GHOSH

Husband's Name :

Brought By :

[DOC0000085] DR. RAJAT KANTI GASWAMI

Phone / Mobile No. :

Doctor/UNIT :

DAILYASIS

Whether Referred From :

Provisional Diagnosis :

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

Stay in Hospital (in days)

From to

Date and Hour of Death

at Hrs

Counter Signature of the Visiting Staff / Medical Officer

Regn. No. :

Signature of the Doctor with Designation

Regn. No. :

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