

**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

SOFIUDDIN MIDDYA

Male 55 0 0

Patient's Name : PA19036375 24-Jun-2019 Sex : Age : Yrs. Months Days

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERA

Registration No. : RG19124174 Charge Coll. No. : [Free]  
[WRD0000013] DIALYSIS UNIT

Ward : SANKARIAL Bed No. : Patient Type : OPD/ER

Address : Sankrail P. S. Post Office : Howrah PIN :

Municipality / Village : West Bengal Indian District : Muslim

Police Station : State : Nationality : Religion :

Address for Communication : Single

Marital Status : LT TALEB ALI MIDDYA Patient's Occupation :

Father's Name : RAHIMA Husband's Name :

Brought By : [DOC0000085] DR. RAJAT KANTI GASWAMI Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

**D**



*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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