

**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: \_\_\_\_\_

Patient's Name : SDUMEN MAITY Sex : Male Age : 37rs. Months Da

Patient Srl. No. : PA19036434 Admission Date : 24-Jun-2019 Admission Time : 17:32 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19124374 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : SIJBERIA Post Office : DO PIN :  
Municipality / Village : Uluberia P. S. District : Howrah  
Police Station : West Bengal Nationality : Indian Religion : Hindu

State : West Bengal Address for Communication :  
Marital Status : Single Patient's Occupation :  
Father's Name : SUKUMAR MAITY Husband's Name :  
Brought By : HASAN MOLLIK Phone / Mobile No. : 0

Doctor/UNIT : [DDC0000085] DR. RAJAT KANTI BASWAMI  
Whether Referred From :  
Provisional Diagnosis : (D)

*[Signature]*  
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  
Regn. No. :

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