

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

Uttara S. H. Hospital
BED HEAD TICKET
Vill.+P.O.+P.S. - Uluberia, P.O. - 1, Dist.- Howrah

Printed By:IPD

SANKAR GUHAIT

Male

45

Patient's Name : PA1903655B 25-Jun-2019 Sex : 07:29 Age : Yrs. Months

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

RG19124498 Charge Coll. No. :
[WRD0000013] DIALYSIS UNIT

[Free]

Registration No.:

Ward : U. PIRPUR

Bed No. : BANIBAN

Patient Type : OPD/ER

Address : Uluberia P. S.

Howrah

Municipality / Village : West Bengal

Indian

Post Office : Hindu

PIN :

Police Station :

District

State :

Nationality

Religion

Address for Communication :

SAILEN GUHAIT

Marital Status : SEFALU GUHAIT

Patient's Occupation

Father's Name :

Husband's Name

Brought By : [DOC0000085] DR. RAJAT KANTI GASWAMI

Phone / Mobile No.

Doctor/UNIT

Whether Referred From :

DAILY'S

Provision 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 / Abandoned / 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 Office
Regn. No.

Signature of the Doctor with Designation
Regn. No.