

**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:IF

Patient's Name : ABDUL SALAM MOLLAH Sex : Male Age : 45 Yrs⁰ Months

Patient Sri. No. :PA19036560 Admission Date : 25-Jun-2019 Admission Time : 07:38 Patient Category : PAYING/CABIN

Registration No. RG19124500 Charge Coll. No. :
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

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

Address for Communication :
Marital Status : Married Patient's Occupation :
Father's Name : SAJAN MOLLAH Husband's Name :
Brought By : HALIMA BEGAM Phone / Mobile No. : 0

Doctor/UNIT [DDC0000085] DR. RAJAT KANTI GASMAMI
Whether Referred From :
Provision Diagnosis :

Admitted for dialysis

asanygr
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
Rean. No.

Signature of the Doctor with Designation
Rean. No.