

9212607

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Patient's Name : Sex : Age : Yrs. Months

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

Registration No. Uluberia S.D. Hospital

Ward : Vill.+P.O.+P.S. - Uluberia , P.S. ,Dist.- Howrah Printed By: Patient Type : OPD/

Address : SANTANU SAMANTA Bed No. : Female 38 0

Municipality / Village : Post Office : PIN :

Police Station : District

State : PA19036661 Nationality 25-Jun-2019 Religion 14:23

Address for Communication :

Marital Status : RG19125575 Charge Coll. No.:

Father's Name : [WRD0000013] DIALYSIS UNIT Patient's Occupation

Brought By : DIPAMALITA Husband's Name [Free]

Doctor/UNIT Bagnan P. S. BURAMPUR

Whether Referred From Bengal Indian Hindu

Provision Diagnosis : Provision Diagnosis :

Single DEBA PRASAD SAMANTA

IPC Serial No. SELF Diary No. .

Signature of Admitting Officer
Designation

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
[DDC0000130] DR. MRINAL BAYADA			

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Abconded / 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 Des
Regn. No.

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