

**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/CABINING

Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Registration No. _____ Printed By:IP _____

Ward : TARAK DAS Bed No. : _____ Male Patient Type : OPD/ER _____

Address : _____

Municipality / Village : 19036657 25-Jun-2019 Post Office : 14:11 PIN : _____

Police Station : _____ District _____

State : _____ Nationality _____ Religion _____

Address for Communication : 105571 Charge Coll. No.: _____

Marital Status : [WRD0000013] DIALYSIS UNIT Patient's Occupation [Free] _____

Father's Name : BAZARPARA Husband's Name _____ DO _____

Brought By : Uluberia P. S. Phone / Mobile No. _____ Howrah _____

West Bengal Indian Hindu

Doctor/UNIT _____

Whether Referred From _____

Provision Diagnosis: Married _____

NARUGOPAL DAS _____

SELF _____

IPC Serial No. [DDC0000130] DR. MRINAL B. Das Bed 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

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

- (a) Outcome : Discharged/Left Against Medical Advice / Abeconded / 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. _____