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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 : ANISHA KHATUN BEGAN Sex : Female Age : 25 Yrs. Month : 0

Patient Sri. No. : PA19036662 Admission Date : 25-Jun-2019 Admission Time : 14:25 Patient Category : PAYING/CABIN

Registration No. : RD19125574 Ward : Charge Coll. No. : [RD0000013] DIALYSIS UNIT Bed No. : Patient Type : OPD/

Municipality / Village : Uluberia P. S. Police Station : State : MANIKPUR Nationality : Indian Post Office [Free] : Howrah District : KULGACHIA Religion : Muslim PIN :

Address for Communication : West Bengal Marital Status : Father's Name : Brought By : Married Patient's Occupation : Husband's Name : Phone / Mobile No. : SK SABIR 0

Whether Referred From : Provision Diagnosis [DOC0000130] DR. MRINAL BAYADA

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.