

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

Patient's Name : Uluberia S.D. Hospital Sex : Age : Yrs. Months
 Vill.+P.O.+P.S. - Uluberia, P.S., Dist. - Howrah Printed By:

Patient Srl. No. : SK MAINUDDIN Admission Date : Admission Time : Patient Category : PAYING/CABIN/G...
 Male 58 0 0

Registration No. PA19036644 25-Jun-2019 13:10
 Ward : Bed No. : Patient Type : OPD/ER

Address : Municipality / Village : PG19125438 Charge Coll. No. : Post Office : PIN :
 Police Station : [WRD0000013] DIALYSIS UNIT District [Free]

State : Nationality Religion
 Address for Communication : SAMASPUR KASMULI
 Jaypur P. S. Howrah

Marital Status : West Bengal Indian Patient's Occupation Husband's Name Muslim
 Brought By : Single Phone / Mobile No.

Doctor/UNIT : LT ARJEL HOQUE
 Whether Referred From :
 Provision Diagnosis : [DCC0000130] DR. ANIMAL 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 / 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.

F-1
09/18