

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

*Slip*

Uluberia S.D. Hospital  
Vill. P.O. P.S. Uluberia, P.S., Dist. Howrah

Printed By: \_\_\_\_\_

Patient's Name: REDA BHOWMICK Sex: Female Age: 47 Yrs. Months: 0

Patient Srl. No.: \_\_\_\_\_ Admission Date: 25-Jun-2019 Admission Time: 18:03 Patient Category: PAYING/CABIN/G

Registration No. PA19036703 Ward: \_\_\_\_\_ Bed No.: \_\_\_\_\_ Patient Type: OPD/ER

Address: RG19123617 Charge Coll. No.: \_\_\_\_\_ Municipality / Village: URD0000013 DIALYSIS UNIT Post Office [Free]: \_\_\_\_\_ PIN: \_\_\_\_\_

Police Station: \_\_\_\_\_ District: \_\_\_\_\_ Religion: SAJNAGACHI

State: RAMCHANDRAPUR Nationality: Indian Address for Communication: Kilabhat P. S. West Bengal Patient's Occupation: Midnapore (E) Hindu

Marital Status: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Brought By: Married Patient's Occupation: \_\_\_\_\_ Husband's Name: \_\_\_\_\_ Phone / Mobile No.: \_\_\_\_\_

Doctor/UNIT: DO Whether Referred From: \_\_\_\_\_ Provision Diagnosis: [DOC0000130] DR. MRINAL BAYADA

BIMALENDU BHOWMICK  
*[Signature]*  
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