

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

Vill.+P.O.+P.S. - Uluberia, Dist.- Howrah

Printed By: IP

GOUTAM PAUL

Male

58

PA19036616

25-Jun-2019

11:04

Patient's Name : RODOLFO Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months

Patient Sri. No. : 131 Admission Date : \_\_\_\_\_ Indian Admission Time : [Free] Patient Category : PAYING/CABINING

Registration No. : Singla SRABANI PAUL Bed No. : \_\_\_\_\_ Patient Type : OPD/ER

Ward : [DOC0000130] DR. MRINAL BAYADA Address \_\_\_\_\_ PIN : \_\_\_\_\_

Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_ District \_\_\_\_\_ Religion \_\_\_\_\_

State : \_\_\_\_\_ Nationality \_\_\_\_\_ Address for Communication : \_\_\_\_\_

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

Doctor/UNIT \_\_\_\_\_  
Whether Referred From \_\_\_\_\_  
Provision Diagnosis : Dm Lysis.

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.....

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

Counter Signature of the Visiting Staff / Medical Office  
Regn. No. \_\_\_\_\_

Signature of the Doctor with Designation  
Regn. No. \_\_\_\_\_