Counter Signature of the Visiting Staff / Medical Officer

Regn. No.:

S / TOEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
RED HEAD TICKET

Signature of the Doctor with Designation

Regn. No.:

CKD

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

Printed By: IPD

Patient's Name :		Sex:	Female Age:	Yr <sup>38</sup> Months Days
Patient Srl. No. : PA19035476 Admis	ssion Date : 20-Jur	Admission Time:	Patient Cate 11:42	gory: PAYING/CABIN/GENERAL
Registration No.:  Ward	Charge Coll. No.:	Bed No.:	[Free]	Patient Type : OPD/ER
Address  Municipality Village:  Police Station: State::  Magnan P. S.  West Bengal  Address for Communication:	Nationality:	Post Office : District : Religion :	DO Howrah Muslim	PIN:
Marital Status : Married Father's Name : Brought By : MUKTARI BEGAN		Patient's Occupation : Husband's Name . Phone / Mobile No. :	HATEM ALI	MOLLAH
Doctor/UNIT : [DDC0000062] DR Whether Referred From: Provisional Diagnosis:	Lem Am	i Gral: 8:1	3 Si <sub>l</sub>	2/8/-
IPC Serial No. :	Diery No.:			Designation
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Hon	place of injury ne/Farm treet / Others	Whether injury occurred while at work Specify by Yes / No.
		2	or pto	tool he
	(To be filled in BLOCK I	ETTERS at the end of Hospita	il Stay)	e dec
(a) Outcome: Discharged/Left Against M	edical Advice / Absconded	/ Referred out / Death		
(b) Final Diagnosis or Injury	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	***************************************
(b) Final Diagnosis or Injury				
	***************************************		***************************************	
(c) Principal Complications	***************************************		***************************************	
(c) Principal Complications				