

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

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

Patient Srl. No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CAB \_\_\_\_\_

Registration No. \_\_\_\_\_  
Ward : \_\_\_\_\_ Uluberia S.D. Hospital  
Address : \_\_\_\_\_ Vill.+P.O.+P.S. - Uluberia, P.S. 1, Dist:- Howrah Patient Type : OPD  
Printed By \_\_\_\_\_

Municipality / Village : SK. HABIBUR RAHAMAN Post Office Male 31 PIN : \_\_\_\_\_  
Police Station : \_\_\_\_\_ District \_\_\_\_\_  
State : PA19036755 Nationality 25-Jun-2019 Religion 22:34  
Address for Communication : \_\_\_\_\_

Marital Status : RG19125669 Charge Coll. No.: \_\_\_\_\_ Patient's Occupation \_\_\_\_\_  
Father's Name : [WRD0000013] DIALYSIS UNIT Husband's Name [Free]  
Brought By : \_\_\_\_\_ Phone / Mobile No. \_\_\_\_\_

Doctor/UNIT ALIPUKUR BOHIRA  
Whether Referred From Uluberia P. S. Howrah  
Provision Diagnosis : West Bengal Indian Muslim

\_\_\_\_\_  
Signature of Admitting Officer  
Designation

Married \_\_\_\_\_  
SK. MIKAIL \_\_\_\_\_  
IPC Serial No. DO \_\_\_\_\_ 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
[WRD0000130] DR. MRINAL BAYADA	<i>Diary No.</i>		

(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 Des  
Regn. No. \_\_\_\_\_

