

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

Uluberia S.D. Hospital

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

Printed By:

Patient's Name : Sex : Age : Yrs. Months Days

Patient Srl. No. : SK EAKAF ALI Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL

PA19037116 27-Jun-2019 17:15

Registration No. : Ward : Charge Coll. No. : Bed No. : Patient Type : OPD/ER

Address : [WRD0000013] DIALYSIS UNIT Post Office : [Free] PIN :

Municipality / Village : Post Office : District : AJADHYA

Police Station : CHALITA PARA Nationality : Indian Religion : Howrah

State : Shyampur P.S. Address for Communication : West Bengal Indian Muslim

Marital Status : Patient's Occupation :

Father's Name : Single Husband's Name :

Brought By : SK RAISUDDIN ALI Phone / Mobile No. :

SK SADDAM HOSSAIN

Doctor/UNIT : Whether Referred From : [DDC0000062] DR. MANABENDRA ROY

Provisional Diagnosis : *Diagnosis*

[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 / Absconded / 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 Officer
Regn. No. :

Signature of the Doctor with Designation
Regn. No. :

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