

**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:IP

Patient's Name : SANKAR GUHAIT Sex : Male Age : 45 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19038701 Admission Date : 05-JUL-2019 Admission Time : 07:27 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19133205 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT  
Ward : \_\_\_\_\_ Bed No. : [Free] Patient Type : OPD/ER

Address : UTTAR FIRPUR BANTIBAN

Municipality / Village : Uluberia P. S. Post Office : Howrah PIN : \_\_\_\_\_

Police Station : West Bengal Indian District : Hindu

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Address for Communication :

Married

Marital Status : SHAIENDRA NATH GUHAIT Patient's Occupation : \_\_\_\_\_

Father's Name : SELF Husband's Name : \_\_\_\_\_

Brought By : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_

[DOC0000114] DR. BISWAJIT CHEL

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

DIABETES

*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. :