

**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: I

Patient's Name : CHIRANJIT MAITY **Sex :** Male **Age :** Yrs. **Months** **Days**

Patient Srl. No. : PA19030783 **Admission Date :** 05-Jul-2019 **Admission Time :** 14:32 **Patient Category :** PAYING/CABIN/GENER

Registration No. : R619133864 **Charge Coll. No. :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

Address :

Municipality / Village : DINGHAKHOLA **Post Office :** DD **PIN :**

Police Station : Shyampur P. S. **District :** Howrah

State : West Bengal **Nationality :** Indian **Religion :** Hindu

Address for Communication :

Marital Status : Single **Patient's Occupation :**

Father's Name : LT ARJUN MAITY **Husband's Name :**

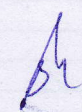
Brought By : SELF **Phone / Mobile No. :** 0

Doctor/UNIT : [DOC0000130] DR. MRINAL BAYADA

Whether Referred From :

Provisional Diagnosis :

PKD



*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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