

**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. 1, Dist.- Howrah

Printed By:IP

Patient's Name : SK RASID **Sex :** Male **Age :** 50 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19038785 **Admission Date :** 05-Jul-2019 **Admission Time :** 14:54 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RG19133866 **Charge Coll. No. :** [Free] **Bed No. :** [Free] **Patient Type :** OPD/ER

Ward : [NRD0000013] DIALYSIS UNIT

Address : SINGHAMARA **Post Office :** DELTAMIL **PIN :**

Municipality / Village : Sankrail P. S. **Howrah**

Police Station : West Bengal **District :** Muslim

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

Address for Communication :

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

Father's Name : LT SOLEMAN SK **Husband's Name :**

Brought By : IZAD SK **Phone / Mobile No. :**

Doctor/UNIT : [DOC0000130] DR. MRINAL BAYADA

Whether Referred From :

Provisional Diagnosis :

CKD

(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. :