

**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: 1

Patient's Name : BANKAR GUHAIT Sex: Male Age: 45 Yrs. 0 Months 0 Da

Patient Srl. No. : PA17039479 Admission Date: 09-Jul-2019 Admission Time: 06:53 Patient Category: PAYING/CABIN/GENERAL

Registration No. : RG19136130 Charge Coll. No.: [WRD0000013] DIALYSIS UNIT Bed No.: [Free] Patient Type: OPD/ER

Ward : **Address :** UTTAR PIRPUR **Post Office :** BANIBAN **PIN :**

Municipality / Village : Rajapur P.S. **Post Office :** Howrah

Police Station : West Bengal **District :** Hindu

State : **Nationality :** Indian **Religion :**

Address for Communication :

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

Father's Name : SAILENDRANATH GUHAIT **Husband's Name :**

Brought By : SURJA GUHAIT **Phone / Mobile No. :**

Doctor/UNIT : [DDC0000085] DR. RAJAT KANTI GOSWAMI

Whether Referred From :

Provisional Diagnosis : Admitted for dialysis

al aryan
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 Des.
Regn. No. :