

**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 : ANLINA DEBUM Sex : Female Age : 47 Yrs. 0 Months 0 Day

Patient Srl. No. : PA19039478 Admission Date : 09-Jul-2019 Admission Time : 06:50 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19136129 Charge Coll. No. : [WRD00000131] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Municipality / Village : PANITALA Post Office : DO PIN :  
Police Station : Uluberia P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication :  
Marital Status : Married Patient's Occupation :  
Father's Name : SK. ANSAR ALI Husband's Name : SK. JAMIN ALI  
Brought By : SK. ANSAR ALI Phone / Mobile No. : 0

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GASWAMI

Whether Referred From :  
Provisional Diagnosis :

*Admitted for dialysis*

*asany*  
Signature of Admitting Officer  
Designation

IPC Serial No. : Diery 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. :