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

Signature of the Doctor with Designation

Regn No :

Patient's Name:	JAYANTA PAL		Sex:	Male Age:	Yrs. Months Da
Patient Srl. No. :	PA19039547 Admission I	Date: 09-Jul-2019 A	dmission Time :	12:1 Patient Cat	egory: PAYING/CABIN/GENER
Registration No. : Ward :	RG19136654 Cha [WRD0000013] DIALYSI	rge Coll. No.: S UNIT	Bed No.:	[Free]	Patient Type : OPD/ER
Address Municipality / Village Police Station : State : Address for Communi	Uluberia P. S. West Bengal Nat i	ionality: Indian	Post Office : District : Religion :	PIRPUR Howrah Hindu	PIN:
Marital Status : Father's Name : Brought By :	Single LT PANCHANAN PAL SELF [DD <u>C0000130] B</u> R. MR	Husba Phone	nt's Occupation : and's Name . e / Mobile No. :	Ø	
Doctor/UNIT : Whether Referred Fr Provisional Diagnosis				*****	(
IPC Serial No. :	(e.	Diery No.:		S	ignature of Admitting Officer Designation
Specify if	it is a		Specify the place of injury Home/Farm Factory / Street / Others		Whether injury occurred
cause of ac Suicide/Ho	cident/	How injury Occurred	Home	e/Farm	while at work Specify by Yes / No.
cause of ac	cident/		Home	e/Farm	while at work
cause of ac	cident/		Home	e/Farm	while at work
cause of ac	cident/ omicide		Factory / St	e/Farm reet / Others	while at work
cause of ac Suicide/Ho	ccident/ omicide (To I	Occurred	Factory / St	e/Farm reet / Others	while at work
cause of ac Suicide/Ho	ccident/ omicide (To l narged/Left Against Medical	Occurred be filled in BLOCK LETTERS	Factory / St at the end of Hospital	e/Farm reet / Others	while at work
(a) Outcome: Disch	(To larged/Left Against Medical	be filled in BLOCK LETTERS a	Home Factory / St at the end of Hospital ed out / Death	e/Farm reet / Others	while at work
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Compli	(To I	be filled in BLOCK LETTERS a	at the end of Hospital	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Compli	(To I	be filled in BLOCK LETTERS a	at the end of Hospital	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Compli (d) Principal Associa	(To I	be filled in BLOCK LETTERS a	Factory / St at the end of Hospital ed out / Death	Stay)	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer