

**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:IPD

Patient's Name : BIDHAN CHAKABORTY Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19039521 Admission Date : 09-Jul-2019 Admission Time : 10:20 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19136360 Charge Coll. No. : _____
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : _____
Municipality / Village : CHAYANI Post Office : ERUPASGORIA PIN : _____
Police Station : Dagnan P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :

Marital Status : Single Patient's Occupation : _____
Father's Name : ANATH BANDHU CHAKRABORTY Husband's Name : _____
Brought By : BASANTI CHAKRABORTY Phone / Mobile No. : 0

Doctor/UNIT : [DOC0000130] DR. MRINAL BAYADA

Whether Referred From :

Provisional Diagnosis :

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. :