

**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:

Patient's Name : MANU DEY Sex : Male Age : 45 Yrs. 05 Months 00 Days

Patient Srl. No. : PA19039355 Admission Date : 09-Jul-2019 Admission Time : 12:57 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19136814 Charge Coll. No. : _____
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : _____
Municipality / Village : MECHOGRAM Post Office : DO PIN : _____
Police Station : Panskura P. S. District : Midnapore (E)
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : _____

Marital Status : Single Patient's Occupation : _____
Father's Name : LT ATUL KRISHNA DEY Husband's Name : _____
Brought By : SELF Phone / Mobile No. : _____

Doctor/UNIT : [DDCC0000130] DR. MRINAL BAYADA

Whether Referred From : _____
Provisional Diagnosis : D.

B. Mallick
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. :

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