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: IPI

Regn. No.:

ent's Name : SANTANU SAMANTA		Sex:	Male Age:	DAVING /CARIN/GENERA
ent Srl. No.: PA19039569 Admis	ssion Date: 69-Jul-20	219 Admission Time:	14:0 Patient Cate	gory: PAYING/CABIN/GENERA
gistration No.: RG19137024	Charge Coll. No.:	Bed No.:	[Free]	Patient Type : OPD/ER
rd : [MRD0000013] DIG dress DWIPAMALI inicipality / Village : Bagnan P. S. lice Station : West Bengal ate : West Bengal	TA	Post Office : District : real Religion :	BIRAMPUR Howrah Hindu	PIN:
arital Status : Married arital Status : DEBPRASAD SAMAI ther's Name : SELF ought By :	NTA DR. MRINAL BAYADA	Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
octor/UNIT : [DUL00001503] Whether Referred From: rovisional Diagnosis:	DATE THE DATE OF THE PARTY OF T		***************************************	30710
				Signature of Admitting Office Designation
PC Serial No. :	Diary No.:	10 11	Land of injury	Whether injury occurre
1000		Specify th	e place of injury	while at work
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Ho	ome/Farm / Street / Others	Specify by Yes / No.
cause of accident/		Ho	me/Farm	
cause of accident/	Occurred	Factory A	ome/Farm / Street / Others	
cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Again	(To be filled in BLOCK	LETTERS at the end of Hos	ome/Farm / Street / Others pital Stay)	
(a) Outcome: Discharged/Left Again (b) Final Diagnosis or Injury	(To be filled in BLOCK	LETTERS at the end of Hos	pital Stay)	Specify by Yes / No.
(a) Outcome: Discharged/Left Again (b) Final Diagnosis or Injury	(To be filled in BLOCK	LETTERS at the end of Hos	pital Stay)	Specify by Yes / No.
cause of accident/ Suicide/Homicide (a) Outcome : Discharged/Left Again	(To be filled in BLOCK	LETTERS at the end of Hos	pital Stay)	Specify by Yes / No.
(a) Outcome: Discharged/Left Again (b) Final Diagnosis or Injury	(To be filled in BLOCK ast Medical Advice / Absconde	LETTERS at the end of Hos	pital Stay)	Specify by Yes / No.
(a) Outcome: Discharged/Left Again (b) Final Diagnosis or Injury	(To be filled in BLOCK ast Medical Advice / Absconde	LETTERS at the end of Hospital / Referred out / Death	pital Stay) From	Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: