

**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: IPM

Patient's Name : MADHUMITA MALIK **Sex :** Female **Age :** Yes **Months :** Days

Patient Sri. No. : PA19039597 **Admission Date :** 09-Jul-2019 **Admission Time :** 16:54 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : Ward : RB19137051 **Charge Coll. No. :** **Bed No. :** **Patient Type :** OPD/ER
Address : [WRD0000013] DIALYSIS UNIT [Free] **Post Office :** **PIN :**
Municipality / Village : **Post Office :**
Police Station : JABDAPOTA **District :** KHAMORA
State : Domejur P. S. **Nationality :** Indian **Religion :** Howrah
Address for Communication : West Bengal **Indian** Hindu

Marital Status : **Patient's Occupation :**
Father's Name : Married **Husband's Name :**
Brought By : BHOLANATH BAG **Phone / Mobile No. :** JITENDRA MALIK
 01

Doctor/UNIT :
Whether Referred From : [DDC0000130] DR. MRINAL BAYADA
Provisional Diagnosis :

[Handwritten Signature]
 09/07/19

*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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