## **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 Months Days Yrs. Age: Sex: Patient's Name: MONDAL RENUKA Patient Category: PAYING/CABIN/GENERAL **Admission Time:** Admission Date: Patient Srl. No.: 11-Jul-2019 PA19039931 Registration No.: Patient Type: OPD/ER Bed No.: Ward Address [Free] [WRD0000013] DIALYSIS UNIT PIN: Post Office: Municipality / Village: **District** Police Station : RUDHYAPUR Religion Nationality: Howrah Domeiur P. S. Address for Communication Bengal Patient's Occupation : Marital Status : Husband's Name Father's Name: Married Phone / Mobile No. LAXMAN MONDAL Brought By : RIMPA MONDAL Doctor/UNIT : Whether Referred From: [DQC0000062] DR. MANABENDRA ROY Provisional Diagnosis: Signature of Admitting Officer Designation Diary No.: IPC Serial No. : Whether injury occurred Specify the place of injury Specify if it is a How injury while at work Home/Farm cause of accident/ Occurred Specify by Yes / No. Factory / Street / Others Suicide/Homicide (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) at ...... Hrs ..... Date and Hour of Death .....

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.:

Signature of the Doctor with Designati

Regn. No.: