

**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: [ ]

Rd at 1:  
(41)

Patient's Name : PRATAP DHARA Sex : Male Age : 60 Yrs. Months

Patient Srl. No. : PA19036853 Admission Date : 26-Jun-2019 Admission Time : 12:37 Patient Category : PAYING/CABIN/G

Registration No. : RG19126428 Charge Coll. No. :  
Ward : [WRD0000001] 1.M.M.W Bed No. : [Free] Patient Type : QPD/ER

Address : CHACKASHI Municipality / Village : CHACKASHI Post Office : DO PIN :

Police Station : BAURIA P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :

Marital Status : Single Patient's Occupation

Father's Name : LT KESHAB DHARA Husband's Name

Brought By : JHARNA DHARA Phone / Mobile No.

Doctor/UNIT : [DOC0000011] Dr. ALOKE KR. MUKUTI

Whether Referred From :

Provision Diagnosis : *Dysselectolyticemic / CKD*

*[Signature]*  
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
<i>[Handwritten signature across the table]</i>			

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Abandoned / 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 Office  
Rean. No.

Signature of the Doctor with Designation  
Rean. No.