

**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:IPDH

Patient's Name : CHIRANJIT MAITY Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19040797 Admission Date : 15-Jul-2019 Admission Time : 12:00 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19141767 Charge Coll. No. :
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address :
Municipality / Village : DINGAKHOLA Post Office : DO PIN :
Police Station : Shyampur P.S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

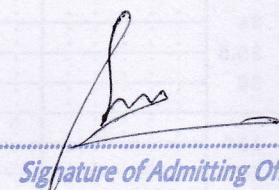
Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : ARJUN MAIY Husband's Name :
Brought By : SELF Phone / Mobile No. :

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GASHAMI

Whether Referred From :

Provisional Diagnosis : *Dialysis*


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. :