

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET**

Uluberia S.B. Hospital
Vill.+P.D.+P.S. - Uluberia, P.S., Dist.- Howrah

Printed By:IPD

ANISHA KHTUN BEGAM

Female

25

0

0

Patient's Name : _____ Sex : _____ Age : _____ Yrs. Months Days

Patient Srl. No. : PA19040040 Admission Date : 15-Jul-2019 Admission Time : 16:30 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19142116 Charge Coll. No. : _____
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : _____
Municipality / Village : MANIKPUR KULGACHIA Post Office : KULGACHIA PIN : _____
Police Station : Uluberia P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication : _____
Marital Status : Married Patient's Occupation : _____
Father's Name : ALEYA BEGAM Husband's Name : SK SABIR
Brought By : _____ Phone / Mobile No. : 0

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GASWAMI
Whether Referred From : _____
Provisional Diagnosis : _____


Signature of Admitting Officer
Designation

ckw

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. : _____