

**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: IP

**Patient's Name :** REBA BHOWMICK **Sex :** Female **Age :** Yrs: Months: Day:

**Patient Srl. No. :** PA19040251 **Admission Date :** 12-Jul-2019 **Admission Time :** 18:57 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** **Ward :** RG19139870 **Charge Coll. No. :** **Bed No. :** **Patient Type :** OPD/ER

**Address :** [WRD000013] DIALYSIS UNIT **Post Office :** [Free] **PIN :**

**Municipality / Village :** **Post Office :** SAJNAGACHI

**Police Station :** RAMCHANDRAPUR **District :** Midnapore (E)

**State :** Kolaghat P. S. **Nationality :** Indian **Religion :** Hindu

**Address for Communication :** West Bengal

**Marital Status :** Married **Patient's Occupation :**

**Father's Name :** **Husband's Name :**

**Brought By :** DO **Phone / Mobile No. :** BIMALENDU BHOWMICK

**Doctor/UNIT :** [DDC0000130] DR. MRINAL BAYADA

**Whether Referred From :**

**Provisional Diagnosis :**

*(Handwritten initials)*

*(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. |
|--|---------------------|---|--|
|  |                     |   |  |

(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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