

**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

Patient's Name : ABDUL SALAM MOLLA Sex : Male Age : 45 Yrs. Months 0 Da 0

Patient Srl. No. : PA19040937 Admission Date : 16-Jul-2019 Admission Time : 07:41 Patient Category : PAYING/CABIN/GENERAL

Registration No. : _____ Ward : RG19142213 Charge Coll. No. : _____
Address : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

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

Address for Communication : _____
Marital Status : Married Patient's Occupation : _____
Father's Name : SAHAJAN MOLLA Husband's Name : _____
Brought By : HALIMA BEGAM MOLLA Phone / Mobile No. : _____

Doctor/UNIT : _____
Whether Referred From : [DDC0000085] DR. RAJAT KANTI GASMAMI
Provisional Diagnosis : _____

Admitted for 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)
Date and Hour of Death From to
at Hrs

Counter Signature of the Visiting Staff / Medical Officer
Regn. No. : _____

Signature of the Doctor with Designation

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