

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

Slip

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

Printed By: IP

Patient's Name : MADHUMITA MALIK **Sex :** Female **Age :** Yrs: Months Days

Patient Srl. No. : PA19041054 **Admission Date :** 16-Jul-2019 **Admission Time :** 16:16 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : _____ **Ward :** RG19143180 **Charge Coll. No. :** _____ **Bed No. :** _____ **Patient Type :** OPD/ER

Address : [WRD0000013] DIALYSIS UNIT [Free]

Municipality / Village : _____ **Post Office :** _____ **PIN :** _____

Police Station : JABDAPOTA **District :** KHASMORA

State : West Bengal **Nationality :** Indian **Religion :** Hindu

Address for Communication : _____

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

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

Brought By : DO **Phone / Mobile No. :** _____

Doctor/UNIT : _____ **Whether Referred From :** [DDC0000130] DR. MRINAL BAYADA

Provisional Diagnosis : _____

[Signature]
16/07

*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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