

**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 : SAKILA BIBI **Sex :** Female **Age :** 50 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19040949 **Admission Date :** 16-Jul-2019 **Admission Time :** 09:00 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : [Blank] **Ward :** R619142310 **Charge Coll. No. :** [Blank]

Address : [WRD00000137] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

Municipality / Village : P BAURIA **Post Office :** CHAKASHI **PIN :** [Blank]

Police Station : BAURIA P. S. **District :** Howrah

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

Address for Communication : [Blank]

Marital Status : Married **Patient's Occupation :** [Blank]

Father's Name : [Blank] **Husband's Name :** SK SIRAJ

Brought By : KULSUM KHATUN **Phone / Mobile No. :** [Blank]

Doctor/UNIT : [DOC0000130] DR. NRIMAL BAYADA

Whether Referred From : [Blank]

Provisional Diagnosis : Dialysis

[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. : _____