

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

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

Printed By:IP

CHATTAL BAG

Female

38

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

Patient Sri. No. : PA19037847 Admission Date : 01-Jul-2019 Admission Time : 08:15 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19129510 Charge Coll. No. : _____
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Address : _____
Municipality / Village : BRINDABAN PUR Post Office : DO PIN : _____
Police Station : Uluberia P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication :

Marital Status : Married Patient's Occupation : _____
Father's Name : _____ Husband's Name : JAYDEB BAG
Brought By : DO Phone / Mobile No. : _____

Doctor/UNIT : [DDC00000085] DR. RAJAT KANTI GOSWAMI

Whether Referred From :

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. :

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