

**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: IPD

**Patient's Name :** GURAM BEJ **Sex :** Male **Age :** 42 **Months :** **Days :**

**Patient Srl. No. :** PA1903B019 **Admission Date :** 01-Jul-2019 **Admission Time :** 16:57 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RG19130475 **Charge Coll. No. :**  
**Ward :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

**Address :** NATIBPUR **Post Office :** ULUBERIA **PIN :**  
**Municipality / Village :** Uluberia P. S. **Howrah**  
**Police Station :** West Bengal **District :** Hindu  
**State :** **Nationality :** Indian **Religion :**

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** LT BANKIM BEJ **Husband's Name :**  
**Brought By :** SHYAMALI BEJ **Phone / Mobile No. :**

**Doctor/UNIT :** [DOC0000085] DR. RAJAT KANTI GOSWAMI

**Whether Referred From :**  
**Provisional Diagnosis :** Dialysis

*Signature & 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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