

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

**BED HEAD TICKET**

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

Printed By:IP

SK YEAR ALI

Male

42

0

0

Patient's Name : PA19038031      01-Jul-2019      Sex :      18:31 Age      Yrs.      Months      Days

Patient Srl. No. :      Admission Date :      Admission Time :      Patient Category : PAYING/CABIN/GENERAL

RB19130487      Charge Coll. No.:  
[WRD0000013] DIALYSIS UNIT

[Free]

Registration No. :

Ward : CHALITA PARA      Bed No. :      Patient Type : OPD/ER

Address : Shyampur P. S.      Howrah

Municipality / Village : West Bengal      Indian      Post Office :      Muslim      PIN :

Police Station :      District :

State :      Nationality :      Religion :

Address for Communication :

LT RAISUDDIN ALI

Marital Status : SK SADDAM HOSAIN      Patient's Occupation :

Father's Name :      Husband's Name :

Brought By : [DOC0000005] DR. RAJAT KANTI GASMAMI      Phone / Mobile No. :

Doctor/UNIT :

Whether Referred From :

Provisional Diagnosis :

*Diagnosis*

*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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