

**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:IPM

Patient's Name : BABLU BAR **Sex :** Male **Age :** 34 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19037977 **Admission Date :** 01-Jul-2019 **Admission Time :** 13:46 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RG19130399 **Charge Coll. No. :** [Free] **Ward :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

Address : BHAGABATIPUR **Post Office :** SONAMUI **PIN :**

Municipality / Village : Aata P. S. **Post Office :** Howrah

Police Station : West Bengal **District :** Hindu

State : **Nationality :** Indian **Religion :**

Address for Communication :

Marital Status : Single **Patient's Occupation :**

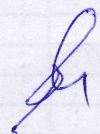
Father's Name : LT PANU BAR **Husband's Name :**

Brought By : SELF **Phone / Mobile No. :**

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI BASWAMI

Whether Referred From :

Provisional Diagnosis :


Signature of Admitting Officer
Designation

CED

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

.....
Signature of the Visiting Staff / Medical Officer
n. No. :

.....
Signature of the Doctor with Designation
Regn. No. :