

**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. 1, Dist. - Howrah

Printed By:

Patient's Name : SOUREN MAITY Sex : Male Age : 34 Yrs. Months 0 Days 0

Patient Srl. No. : PA19037830 Admission Date : 01-Jul-2019 Admission Time : 07:01 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19129493 Charge Coll. No. : [Free] Bed No. : [Free] Patient Type : OPD/ER
Ward : [Free] Address : [Free]

Municipality / Village : ULUBERIA Post Office : [Free] PIN : [Free]
Police Station : Uluberia P. S. District : DO
State : West Bengal Nationality : Indian Religion : Hindu
Address for Communication : [Free]

Marital Status : Married Patient's Occupation : [Free]
Father's Name : SUKUMAR MAITY Husband's Name : [Free]
Brought By : SELF Phone / Mobile No. : [Free]

Doctor/UNIT : [DOC0000114] DR. BISWAJIT CHEL *Dialysis*
Whether Referred From : [Free]
Provisional Diagnosis : [Free]

[Signature]
Signature of Admitting Officer
Designation

IPC Serial No. : [Free] Diary No. : [Free]

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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