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

Ulubaria S.D. Hospital

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

Patient's Name :	AMINA BEGUM		Sex	C: Female Age	: Yrs <sup>3,5</sup> Months Day
Patient Srl. No. :	PA1903B021 Adm	ission Date : 01-J	u1-2019 Admission Time	Patient C	Category: PAYING/CABIN/GENERA
Registration No. : Ward :	RG19130477 FWRD00000137_D	Charge Coll. No.: IALYSIS UNIT	Bed No.	: [Free]	Patient Type : OPD/ER
Address Municipality / Village Police Station : State : Address for Communi	: PURBO B Bagnan P. S. West Bengal	apapaga hara ana	Post Of District Indian Religion	Howrah	PIN :
Marital Status : Father's Name : Brought By :	Married MUKTARI BEGUM		Patient's Occupation :   Husband's Name   HATEM ALI MOLLA   Phone / Mobile No.   Ø		
Doctor/UNIT : Whether Referred Fro Provisional Diagnosis	om :	DR. RAJAT KANTI GASWAMI			Signature of Admitting Officer
IPC Serial No. :	F	Diary No. :			Designation
Specify if cause of ac Suicide/Ho	cident/	How injury Occurred		cify the place of injury Home/Farm tory / Street / Others	Whether injury occurred while at work Specify by Yes / No.
(a) Outcome : Disch	arged/Left Against M	(To be filled in BLOCK			
		Medical Advice / Absconde	d / Referred out / Death		
(b) Final Diagnosis	or Injury		d / Referred out / Death		
(b) Final Diagnosis ( (c) Principal Compli	or Injury	Medical Advice / Absconde	d / Referred out / Death		
<ul><li>(b) Final Diagnosis (</li><li>(c) Principal Compli</li><li>(d) Principal Associa</li></ul>	or Injury ications ated Diseases	Medical Advice / Absconde	d / Referred out / Death		

Counter Signature of the Visiting Staff / Medical Officer Regn. No. : Printed By:I