

Tr in from
FM WD ON
15.7.19
at 11 PM

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

Rd at
CCU-12

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

Printed By: _____

Patient's Name : SUPARNA BHANDARI

Patient Srl. No. : PA19040885

Admission Date : 15-Jul-2019

Sex : Female

Age : Yrs: _____ Months: _____ Days: _____

Admission Time : 21:56

Registration No. : _____

Ward : _____

Address : RG19142161 Charge Coll. No. : _____

Municipality / Village : [WRD0000003] J.F.M.W

Police Station : BANHARISPUR

State : Panchia P. S. West Bengal

Bed No. : _____

Patient Category : PAYING/CABIN/GENERAL

Post Office : [Free]

District : _____

Religion : DD Howrah Hindu

Nationality : Indian

PIN : _____

Marital Status : Married

Father's Name : _____

Brought By : DD

Doctor/UNIT : _____

Whether Referred From : [DDC00000085] DR. RAJAT KANTI GASWAMI

Provisional Diagnosis : [REF00000003] Gabberia S. G. Hospital
Arewa CCF

Patient's Occupation : _____

Husband's Name : _____

Phone / Mobile No. : _____

GOUTAM BHANDARI

IPC Serial No. : _____

Diary No. : _____

Signature of Admitting Officer _____
Designation _____

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.
	রোগীর অবস্থা আশঙ্কাজনক জানিলাম	লৌচন্দ্র হাট	

(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 : স্নানি আক্রমণ PB কে dialysis এর জন্য নিয়ে
- (c) Principal Complications : স্নানি লৌচন্দ্র হাট (Husband) on 16/7/19 at 6:13 PM
- (d) Principal Associated Diseases : _____

Stay in Hospital (in days) : _____

Date and Hour of Death : _____ From _____ to _____ at _____ Hrs

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

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