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

Uluberia S.D. Hospital Vill.+P.D.+P.S. - Uluberia . P.S. : Dist.- Howe

Printed RysTP

Signature of the Doctor with Designation

Regn. No.:

Patient's Name: SHIKHA KOLEY		Sex:	Female Age:	Yrs. N	lonths Days
Patient Srl. No.: Admissio	n Date :	dmission Time:	Patient Cate	egory: PAYING/	CABIN/GENERAL
PA19041136	17-Ju1-2019		06:26		
Registration No. : Ward :		Bed No.:		Patient Type :	OPD/ER
Address PG10143242 C	Harge Coll. No.1		THE RESERVE AND A CHEST PROPERTY OF THE PROPERTY OF THE	and the same	nosensus succession and a
Municipality / Village: [WRD0000005] 5.680	* * *	rost office.	[Free]	PIN	
Police Station : NASKAR PUR State : Japatballayour P.	lationality .	District :	00		
		Religion :	Howrah		18.00 mg
Address for Communication : Bengal	Indian		Hindu		
Marital Status :		nt's Occupation :			
Father's Name : Married		and's Name . e / Mobile No. :			
Brought By :	rioi	e / Mobile 140.	SUSANTA	KOLEY	
Doctor/UNIT : PAPAI KOLEY			0	1	
Whether Referred From: [DUE0000085] DR. I	RAJAT KANTI GASWAMI				
Provisional Diagnosis:				(
				ignature of Adm	itting Afficer
001			31	Designati	
IPC Serial No. :	Disay No.:				081 84 8
		Specify the place of injury		Whether in	ury occurred
Specify if it is a	How injury				
cause of accident/ Suicide/Homicide	How injury Occurred	Home	/Farm reet / Others	while	at work y Yes / No.
cause of accident/ Suicide/Homicide		Home	/Farm	while	at work y Yes / No.
cause of accident/ Suicide/Homicide	Occurred o be filled in BLOCK LETTERS	Home Factory / Str	/Farm eet / Others	while	at work y Yes / No.
cause of accident/ Suicide/Homicide	Occurred To be filled in BLOCK LETTERS cal Advice / Absconded / Referr	at the end of Hospital	/Farm reet / Others	while	at work y Yes / No.
cause of accident/ Suicide/Homicide (1) (a) Outcome : Discharged/Left Against Medi	Occurred To be filled in BLOCK LETTERS cal Advice / Absconded / Referr	at the end of Hospital red out / Death	/Farm reet / Others	while Specify by	at work y Yes / No.
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(a) Outcome : Discharged/Left Against Medi (b) Final Diagnosis or Injury	Occurred To be filled in BLOCK LETTERS cal Advice / Absconded / Referr	at the end of Hospital ed out / Death	/Farm reet / Others Stay)	while Specify by	at work y Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: