## 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.- Howrah

Printed By:IF

Signature of the Doctor with Designation

Regn. No.:

Patient's Name :	NABIN SANTRA		Sex:	Male Age:	Yrs. Months	Day
Patient Srl. No. :	PA19041297 Admission Date:	17-Ju1-2019 <b>A</b> 0	dmission Time:	21:0 gatient Categ	rory: PAYING/CABIN/G	ENERA
HI SHINGE SO YAC						
Registration No.: Ward :	RG19144119 Charge Co		Bed No.:	[Free]	Patient Type : OPD/E	R
Address —	[WRD0000013] DIALYSIS UNIT				Pro & D. Z.	
Municipality / Village :	MASUR KHALI		Post Office : District :	BASUDEV PUR	PIN:	
Police Station : State :	Uluberia P. S. West Bengal Nationality	v: Indian	Religion :	Howrah Hindu		
Address for Communical					98	
Marital Status :	Married	Patier	nt's Occupation :			
Father's Name :	LT FHOROT SANTRA	Husba	Husband's Name .			
Brought By :	SELF	Phone	e / Mobile No. :	<b>V</b>		
Doctor/UNIT :	[DOC0000011] Dr. ALOKE K					1
Whether Referred From	:				1,	//
Provisional Diagnosis:			1. Art			
			dyw?	Sig	nature of Admitting O	fficer
000	Diary	No.			Designation	
IPC Serial No. :	<b>Vialy</b>	IVE.				
Specify if it is a		How injury	Specify the place of inj		Whether injury occi	
cause of accide/Hom		0		e/Farm treet / Others	while at work Specify by Yes / N	
				•	0 kg	
				ool taasaasan ayaa aasaa aa a		
	(To be fill	ed in BLOCK LETTERS	at the end of Hospita	l Stay)		
(a) Outcome: Dischar	ged/Left Against Medical Advio	ce / Absconded / Referr	ed out / Death			
(b) Final Diagnosis or	Injury	200000000000000000000000000000000000000	220460460000000000000000000000000000000		) DC 00-00 00 00 00 00 00 00 00 00 00 00 00	*********
(c) Principal Complica	tions	198900000000000000000000000000000000000	000000000000000000000000000000000000000		500000000000000000000000000000000000000	***********
(d) Principal Associate	d Diseases	(0.05.86.86.80.00.86.55.00.00.00.00.00.00.00.00.00.00.00.00.		19045330000000000000000000000000000000000	\$400503000000000000000000000000000000000	**********
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Stay in Hospital (in day	rs)	*****************************	Fron		to	********
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Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: