

**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. ;,Dist.- Howrah

Printed B

Patient's Name : SIKHA KOLEY **Sex :** Female **Age :** 44 **Yrs.** 44 **Months** 0 **Da** 0

Patient Sri. No. : PA19042285 **Admission Date :** 22-Jul-2019 **Admission Time :** 14:29 **Patient Category :** PAYING/CABIN/GENE

Registration No. : **Ward :** **Bed No. :** **Patient Type :** OPD/ER

Address : R019148362 **Charge Coll. No.:** **Post Office :** [Free] **PIN :**

Municipality / Village : [WRD0000013] DIALYSIS UNIT **Post Office :** [Free] **PIN :**

Police Station : **District :**

State : NASKARPUR **Nationality :** Indian **Religion :** DO

Address for Communication : Jagatballavpur P. S. **Religion :** Hindu

West Bengal **Indian** **Hindu**

Marital Status : **Patient's Occupation :**


Father's Name : **Husband's Name :**

Brought By : Married **Phone / Mobile No. :**

Doctor/UNIT : PAPPAI KOLEY **SUSANTA KOLEY**

Whether Referred From : **0**

Provisional Diagnosis : [DOC0000085] DR. RAJAT KANTI GOSWAMI


Signature of Admitting Officer
Designation

IPC Serial No. : **Diary No. :**

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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