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 By:If

Signature of the Doctor with Designation

Regn. No.:

Patient's Name:		Se	Male x:	Age:	50 Yrs.	Months	Da
PA1904225		u1-2019	12.57		on. Dayla		
Patient Srl. No. :	Admission Date:	Admission Time	9:	atient Categ	ory: PAYIN	IG/CABIN/G	INEK
RG191481	147 Charge Coll. No.:						
Registration No.: [WRD0000	0013] DIALYSIS UNIT	Bed No	[Free]		Patient Ty	pe : OPD/EF	
Address To	YRAMPUR		GA	NGADHARPUR			
Municipality / Village: Panchla	P. S.	Post O	ffice : Ho	wrah		IN:	
State : West Ben	ngal Nationality:	Indian Religio	n.	ndu			
Address for Communication:							
Married Marital Status : Married	DUL ROUF MIDHA	Patient's Occupatio	n :				
Father's Name : NAJIMA M		Husband's Name		0			
Brought By :		Phone / Mobile No.					
Doctor/UNIT :	00085] DR. RAJAT KANTI GASWAMI						
Whether Referred From:	NLYSIS						
Provisional Diagnosis:					8	100	
				Sigi	nature of A	dmitting O	ficer
					Design		
IPC Serial No. :	Diary No. :						
Specify if it is a	How injury		Specify the place of injury		Whether injury occurre		rrec
cause of accident/	THE CHILD IN THE TAXABLE CONTROL OF THE PARTY OF THE PART		Home/Farm		wh	ile at work	
Suicide/Homicide	Occurred	Fa	ctory / Street / O	thers		y by Yes / N	0.
Suicide/Homicide	Occurred	Fa		thers			lo.
Suicide/Homicide	Occurred	Fa		thers		y by Yes / N	lo.
Suicide/Homicide	Occurred	Fa		thers			lo.
Suicide/Homicide	Occurred	Fa		thers			lo.
Suicide/Homicide	Occurred	Fa		thers			0.
Suicide/Homicide	Occurred	Fa		thers			0.
	(To be filled in BLOCK	LETTERS at the end of	ctory / Street / O	thers			lo.
(a) Outcome : Discharged/Left A	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deatl	tory / Street / O		Specif		THE RESIDENCE OF THE PROPERTY
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deat	Hospital Stay)		Specif		
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deatl	Hospital Stay)		Specif		
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deatl	Hospital Stay)		Specif		
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deatl	Hospital Stay)		Specif		
(a) Outcome: Discharged/Left A (b) Final Diagnosis or Injury (c) Principal Complications (d) Principal Associated Diseases	(To be filled in BLOCK Against Medical Advice / Abscond	LETTERS at the end of ed / Referred out / Deat	Hospital Stay)		Specif		

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: