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

Patient's Name : SK YARUF	ALI	*	Male Age:	1E 0 0
Patient Srl. No.: PA19042298	Admission Date : 22-Jul-	2019 Admission Time:	16:03 Patient Ca	tegory: PAYING/CABIN/GENER
Registration No.: Ward: RG19148375 CWRD0000013	Charge Coll. No.:] DIALYSIS UNIT	Bed No.:	[Free]	Patient Type : OPD/ER
Municipality / Village:		Post Office: District: Religion:	AJODHYA Howrah Muslim	PIN:
Marital Status : Sing le Father's Name : SK RAISUDI Brought By : SK SADDAM		Patient's Occupation : Husband's Name . Phone / Mobile No. :	9	
Ooctor/UNIT : [DOC@@@@@ Whether Referred From: Provisional Diagnosis :	PS] DR. RAJAT KANTI GASWAMI		ness	Signature of Admitting Office
nc c. d.l N.	Diary No.:			Designation
PC Serial No. :				
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Home	olace of injury e/Farm reet / Others	Whether injury occurre while at work Specify by Yes / No.
Specify if it is a cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Aga	How injury Occurred (To be filled in BLOCK LE	Home Factory / St TTERS at the end of Hospital Referred out / Death	reet / Others Stay)	while at work Specify by Yes / No.
Specify if it is a cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Aga (b) Final Diagnosis or Injury	(To be filled in BLOCK LE	Home Factory / St TTERS at the end of Hospital Referred out / Death	c/Farm reet / Others	Specify by Yes / No.
Specify if it is a cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Aga (b) Final Diagnosis or Injury	(To be filled in BLOCK LE	TTERS at the end of Hospital / Referred out / Death	s/Farm reet / Others	while at work Specify by Yes / No.
cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Aga (b) Final Diagnosis or Injury	(To be filled in BLOCK LE	TTERS at the end of Hospital / Referred out / Death	s/Farm reet / Others	while at work Specify by Yes / No.
Specify if it is a cause of accident/ Suicide/Homicide (a) Outcome: Discharged/Left Aga (b) Final Diagnosis or Injury	How injury Occurred (To be filled in BLOCK LE inst Medical Advice / Absconded /	TTERS at the end of Hospital / Referred out / Death	Stay)	while at work Specify by Yes / No.

Regn. No.:

Regn. No.: