

**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: IP

Patient's Name : SHIKHA KOLEY Sex : Female Age : Yrs Months Day

Patient Srl. No. : PA19040114 Admission Date : 12-Jul-2019 Admission Time : 07:04 Patient Category : PAYING/CABIN/GENERAL

Registration No. : Ward : RG19139097 Charge Coll. No. : Bed No. : Patient Type : OPD/ER

Address : [WRD0000013] DIALYSIS UNIT Municipality / Village : [Free]

Police Station : NASKARPUR Post Office : PIN :

State : Jagatballavpur P. Nationality : Indian Religion : Howrah Hindu

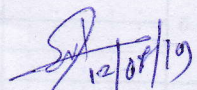
Address for Communication : West Bengal

Marital Status : Married Patient's Occupation :

Father's Name : Brought By : PAPA KOLEY Husband's Name : Phone / Mobile No. : SUSANTA KOLEY

Doctor/UNIT : Whether Referred From : [DOC0000062] DR. MANABENDRA ROY

Provisional Diagnosis : 


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. :