

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET**

Uluberia S.D. Hospital

Printed By: TDP

Patient's Name : Vill.+P.O.+P.S. - Uluberia , P.S. , Dist.- Howrah Sex: Age: Yrs. Months Days

Patient Srl. No. : TAPAN SANTRA Admission Date : Admission Time : Male Patient Category : PAYING/CABIN/GENERAL
PA19040135 12-Jul-2019 09:27

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

Address : RG19139140 Charge Coll. No. :
Municipality / Village : [WRD0000013] DIALYSIS UNIT Post Office : [Free] PIN :
Police Station : KAURCHANDI District : AMARHANDA
State : Kolaghat P. S. Nationality : Indian Religion : Midnapore (E)
Address for Communication : West Bengal Hindu

Marital Status : Patient's Occupation :
Father's Name : Single Husband's Name :
Brought By : LT ANUDHWAJ SANTRA Phone / Mobile No. :
SELF

Doctor/UNIT :
Whether Referred From : [DOC0000130] DR. MRINAL BAYADA
Provisional Diagnosis : *btalym*

[Signature]

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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