

**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 : ABDUL SALAM MALLICK molla Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19041353 Admission Date : 18-Jul-2019 Admission Time : 07:30 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19144175 Charge Coll. No. : [Free] Bed No. : [Free] Patient Type : OPD/ER  
Ward : [WRD0000013] DIALYSIS UNIT

Address : CHENGAIL Municipality / Village : CHENGAIL Post Office : DO PIN :   
Police Station : Uluberia P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication :

Marital Status : Married Patient's Occupation :   
Father's Name : SAHAJAN MOLLAH molla Husband's Name :   
Brought By : HALIMA BEGAM MOLLAH Phone / Mobile No. :

Doctor/UNIT : [DCC0000011] Dr. ALOKE KR. MUKUTI

Whether Referred From :

Provisional Diagnosis : ckd

Sm 18/7/19  
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. :