

**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 B

Patient's Name : BOUJEN MAITY Sex : Male
 Patient Srl. No. : PA17041871 Admission Date : 20-JUL-2019 Admission Time : 18:07
 Patient Category : PAYING/CABIN/GENE

Registration No. : RG19147020 Charge Coll. No. :
 Ward : [WRD0000013] DIALYSIS UNIT
 Address : _____ Bed No. : [Free] Patient Type : OPD/ER
 Municipality / Village : ULUBERIA
 Police Station : Uluberia P. S. Post Office : DD-
 State : West Bengal District : Howrah PIN :
 Address for Communication : _____ Nationality : Indian Religion : Hindu

Marital Status : Married
 Father's Name : SUKUMAR MAITY Patient's Occupation :
 Brought By : ASHA MAITY Husband's Name :
 Doctor/UNIT : [DDC00000062] DR. MANABENDRA ROY Phone / Mobile No. :

Whether Referred From : _____
 Provisional Diagnosis : (D)

[Signature]
 Signature of Admitting Officer
 Designation

IPC Serial No. : _____ Biary 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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