

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

Rdat 11

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Uluberia S.D. Hospital
Vill.+P.O.+P.S. - Uluberia, P.S. :,Dist.- Howrah

Printed By:

Patient's Name : AMINUL ISLAM MANIK Sex : Male Age : 46 Months Days

Patient Srl. No. : PA19043059 Admission Date : 26-Jul-2019 Admission Time : 11:32 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19152171 Charge Coll. No. : [WRD0000001] I.M.M.W Bed No. : [Free] Patient Type : OPD/ER

Address : Municipality / Village : MAGURI U SAI Post Office : DO PIN :
Police Station : Panskura P. S. District : Midnapore (E)
State : West Bengal Nationality : Indian Religion : Muslim
Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : LT DIL MD MANIK Husband's Name :
Brought By : MAJEDA Phone / Mobile No. :

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GASWAMI
Whether Referred From :
Provisional Diagnosis :

Resp. dist in a case

asayg

Signature of Admitting Officer
Designation

IPC Serial No. : Diary No. : *of CKD → received hemodialysis & anaemia*

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.
	<i>রোগীর অবস্থা আশঙ্কাজনক জানিলাম মাত্রেয় স্ত্রী</i>		

(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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