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

Signature of the Doctor with Designation

Regn. No.:

atient's Name :		AND ADDRESS OF THE PARTY OF THE			M . Y A	VZ Months D
atient's Name.	PANCHU GOPAL 0	3H0SH		Sex:	Male Age:	Yirs. Months D
atient Srl. No.:	PA19038090 Adm	ission Date: 02-	-Ju 1-2019 Admis	ssion Time:	06: Patient Cate	gory: PAYING/CABIN/GENE
tegistration No.:	RG19130546 [WRD0000013] E	Charge Coll. No.: DIALYSIS UNIT		Bed No.:	[Free]	Patient Type : OPD/ER
Address Municipality / Village : Police Station : State :	UNSHANI JAGACHA P. S. West Bengal	GOABATI Nationality:	Indian	Post Office: District: Religion:	UNSHANI Howrah Hindu	PIN:
Address for Communic	cation:					
Marital Status : Father's Name : Brought By :	Single LT SANTOSH KR PRITAM KR GHOS		Husband's	Occupation : s Name	0	
Doctor/UNIT :	[DOC0000085]	DR. RAJAT KANTI GASWA	MI			
Whether Referred Fro Provisional Diagnosis		N	hinte	far dia	hais	alam gr
					S	ignature of Admittung Office Designation
IPC Serial No. :		Diary No.:				
	th to a			Specify the	place of injury	Whether injury occurre
Specify if cause of ac Suicide/Ho	cident/	How injury Occurred		Hom	ne/Farm Street / Others	while at work Specify by Yes / No.
cause of ac	cident/			Hom	ne/Farm	while at work
cause of ac Suicide/Ho	cident/ omicide			Factory / S	ie/Farm itreet / Others	while at work Specify by Yes / No.
cause of ac Suicide/Ho	omicide	Occurred	CK LETTERS at 1	Hom Factory / S	ie/Farm itreet / Others	while at work Specify by Yes / No.
cause of ac Suicide/Ho	cident/ omicide harged/Left Against	(To be filled in BLOC	CK LETTERS at 1	Hom Factory / S the end of Hospita out / Death	al Stay)	while at work Specify by Yes / No.
(a) Outcome: Disci	harged/Left Against	(To be filled in BLOC Medical Advice / Abscon	CK LETTERS at 1	Hom Factory / S the end of Hospita out / Death	al Stay)	while at work Specify by Yes / No.
(a) Outcome: Disci (b) Final Diagnosis (c) Principal Compl	harged/Left Against or Injury	(To be filled in BLOC Medical Advice / Abscon	CK LETTERS at 1	Hom Factory / S the end of Hospita out / Death	al Stay)	while at work Specify by Yes / No.
(a) Outcome: Disci (b) Final Diagnosis (c) Principal Compl	harged/Left Against or Injury	(To be filled in BLOC Medical Advice / Abscon	CK LETTERS at 1	Hom Factory / S the end of Hospita out / Death	al Stay)	while at work Specify by Yes / No.
(a) Outcome: Discl (b) Final Diagnosis (c) Principal Compl (d) Principal Associa	harged/Left Against or Injury	(To be filled in BLOC Medical Advice / Abscon	CK LETTERS at 1	the end of Hospita	al Stay)	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: