

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

*(Uluberia S.D. Hospital)*

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

Patient Srl. No. : SAKILA BISHI Admission Date : Admission Time : Female Patient Category : PAYING/CABIN/GENERAL

Registration No. : PA19039652 09-Jul-2019 21:48 Bed No. : Patient Type : OPD/ER

Ward : Municipality / Village : RG19137106 Charge Coll. No.: Post Office : PIN :  
[MRD0000013] DIALYSIS UNIT District : [Free]

Police Station : State : PASCHIM BANGAL Nationality : Indian Religion : CHAKKASHI  
Howrah Hindu

Address for Communication : BAGRIA P. S. West Bengal Patient's Occupation :  
Husband's Name :  
Phone / Mobile No. :

Marital Status : Married Brought By : Doctor/UNIT : KULSUM KHATUN  
Whether Referred From : BK SIRAJ  
Provisional Diagnosis : [DOC0000130] DR. MRINAL BAYADA

*(D)*

*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. :