

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

Patient's Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

Patient Srl. No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CABIN/GENERAL

Registration No. : \_\_\_\_\_  
Ward : \_\_\_\_\_ Uluberia S.D. Hospital  
Address : \_\_\_\_\_ Vill.+P.O.+P.S. - Uluberia, P.S. ; Dist.- Howrah **Bed No.:** \_\_\_\_\_ Patient Type : OPD/ER

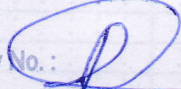
Municipality / Village : RENUKA MONDAL Post Office : Female 45 PIN : 0  
Police Station : \_\_\_\_\_ District : \_\_\_\_\_  
State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_  
Address for Communication : 039689 10-Jul-2019 06:33

Marital Status : \_\_\_\_\_ Patient's Occupation : \_\_\_\_\_  
Father's Name : RG19137143 Charge Coll. No.: \_\_\_\_\_ Husband's Name : \_\_\_\_\_  
Brought By : [WRD0000013] DIALYSIS UNIT Phone / Mobile No. : [Free]

Doctor/UNIT : RUDRA PURI DO  
Whether Referred From : Domejur P. S. Howrah  
Provisional Diagnosis : West Bengal Indian Hindu



*Signature of Admitting Officer  
Designation*

IPC Serial No. : \_\_\_\_\_ Married \_\_\_\_\_ Diary No. :  LAXMAN MONDAL

Specify if it is a cause of accident Suicide/Homicide	EDOC0000130 DR. KRINAL BHOWINJURY 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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