## 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

	AMENA DEGAM	NAMES OF THE PERSON OF THE PER		MACHINE MACHINE SERVICE STREET,	1 to 10 to 1 to		Market Service Commence	
Patient's Name:				Sex:	Age:	Yrs.	Months	Day
Patient Srl. No. :	PA19041429 Admissio	n Date: 18-	Ju1-2019 <b>Admi</b> s	ssion Time:	1410Batient Cate	gory: PAYING	/CABIN/GE	NERA
Registration No. : Ward :	RG19145102 C	harge Coll. No.:		Bed No.:	[Free]	Patient Type	: OPD/ER	
Address Municipality / Village Police Station : State :	: PURBA BAINA Bagnan P. S. West Bengal N		Indian	Post Office : District : Religion :	BAIMAN Howrah Muslim	PI	۷:	
Address for Communi Marital Status : Father's Name : Brought By :	us : Married		Patient's Occupation : Husband's Name Phone / Mobile No. :		HASEN A	HASEN ALI MOLLAH		
Doctor/UNIT : Whether Referred Fr Provisional Diagnosis	[DBC0000062] DR.	MANABENDRA ROY	m,		 Si	Squature of Ad	15H (mitting Off	Green The State of
IPC Serial No. :		Mery Ne.:				Designa		
Specify if it is a cause of accident/ Suicide/Homicide		How injury Occurred		Specify the place of injury Home/Farm Factory / Street / Others		D. 45 . 5	niuny occur	rod
cause of ac	cident/			Home/	Farm		at work by Yes / No	
cause of ac	cident/			Home/	Farm	while	at work	
cause of ac	cident/ omicide		LETTERS at th	Home/ Factory / Stre	Farm let / Others	while	at work	
cause of ac Suicide/Ho	cident/ omicide	Occurred o be filled in BLOCK		Home/ Factory / Stre	Farm let / Others	while	at work	
cause of ac Suicide/Ho	cident/ omicide	o be filled in BLOCK	ed / Referred o	Home/ Factory / Stre ne end of Hospital S ut / Death	Farm let / Others	while	at work	
(a) Outcome: Disch	cident/ omicide  (Total Against Medic	o be filled in BLOCK	ed / Referred o	Home/ Factory / Stre ne end of Hospital S ut / Death	Farm let / Others	while	at work	
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Compli	cident/ omicide  (Total Against Medicor Injury	o be filled in BLOCK	ed / Referred o	Home/Factory / Streeth	Farm let / Others  tay)	while	e at work by Yes / No	0.
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Compli (d) Principal Associa	cident/ pmicide  (The paragraph of the company of t	o be filled in BLOCK	ed / Referred o	Home/ Factory / Stre	Farm let / Others  tay)	while	e at work by Yes / No	0.