## 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 Ry:IPD Months Days Age: Yrs. Patient's Name: TAYANTA PAL 02-Ju1-2019 Admission Time: Patient Category: PAYING/CABIN/GENERAL Admission Date: Patient Srl. No.: Registration No.: Charge Coll. No.: Patient Type: OPD/ER RG19131432 Bed No.: Ward Address PIN: Post Office: Municipality / Village: SASABERIA PIRPUR District Police Station : Howrah Uluberia P. S. Nationality: Religion Address for Communication: West Bengal Hindu Indian Patient's Occupation : Marital Status : Husband's Name Father's Name: LT PANCHANANDA PAL Phone / Mobile No. **Brought By** Doctor/UNIT : [DOC0000130] DR. MRINAL BAYADA Whether Referred From: Provisional Diagnosis: Signature of Admitting Officer Designation Diary No.: IPC Serial No. : Whether injury occurred Specify the place of injury Specify if it is a How injury while at work cause of accident/ Home/Farm Occurred Specify by Yes / No. Suicide/Homicide Factory / Street / Others (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 ...... at ...... Hrs ..... Date and Hour of Death .....

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.:

Signature of the Doctor with Designation

Regn. No.: