

**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:IPD

Patient's Name : BIDHAN CHAKRABORTY Sex : Male Age : 43 Yrs. Months Days

Patient Sri. No. : PA19040148 Admission Date : 12-Jul-2019 Admission Time : 10:44 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19139357 Charge Coll. No. : \_\_\_\_\_  
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER


Address : \_\_\_\_\_  
Municipality / Village : CHAYANI GUJRAT Post Office : RUPAGARIA PIN : \_\_\_\_\_  
Police Station : Bagnan P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : \_\_\_\_\_

Marital Status : Single Patient's Occupation : \_\_\_\_\_  
Father's Name : ANAD CHAKRABORTY Husband's Name : \_\_\_\_\_  
Brought By : SELF Phone / Mobile No. : \_\_\_\_\_

Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI BASWANI

Whether Referred From : \_\_\_\_\_  
Provisional Diagnosis : (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. : \_\_\_\_\_

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