

**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 Age: Yrs. Months Days

Patient's Name : AMIRUL ISLAM Sex: Male Patient Category: PAYING/CABIN/GENERAL

Patient Sri. No. : PA19040137 Admission Date: 12-Jul-2019 Admission Time: 09:42

Registration No. : Ward : Bed No. : Patient Type : OPD/ER

Address : RC19139198 Charge Cell. No. : [Free] PIN :

Municipality / Village : [WRD0000013] DIALYSIS UNIT Post Office : [Free]

Police Station : State : Nationality : Indian District : DD Religion : Midnapore (E) Muslim

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

Marital Status : Single Father's Name : LT DIL MD MANIK Brought By : MAJEDA BIBI

Doctor/UNIT : Whether Referred From : [DDC0000130] DR. MRINAL BAYADA

Provisional Diagnosis : Dialysis

*[Signature]*  
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 Des  
Regn. No. :

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