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:IPDH

Signature of the Doctor with Designation

Regn. No.:

	JAYANTA PAL			Sex:	Male Age:	Yrs. Months Day
Patient Srl. No. :	PA19940218 Admission	Date: 12-J	u1-2019 Admission	n Time :	15:5 Patient Cat	egory: PAYING/CABIN/GENER/
Registration No. :	RG19139837 Cha [WRD0000013] DIALYSI	rge Coll. No.: S UNIT	В	ed No. :	[Free]	Patient Type : OPD/ER
Address Municipality / Village Police Station : State :	Uluberia P. S. West Bengal Na	ionality :	Tadian	Post Office : District : Religion :	PIRPUR Howrah Hindu	PIN:
Address for Communic						
Marital Status : Father's Name : Brought By :	Married LT PANCHANAN PAL SELF		Patient's Occu Husband's Na Phone / Mobi	ime .	0	
Doctor/UNIT : Whether Referred Fro Provisional Diagnosis		XINAL BAYADA				De
	CKD				3	ignature of Admitting Officer Designation
IPC Serial No. :		Diary No.:				Vengrieuvii
m 10 10	it is a		HOINE		place of injury	Whether injury occurred
Specify if cause of acc Suicide/Ho	cident/	How injury Occurred		Home	e/Farm reet / Others	while at work Specify by Yes / No.
cause of ac	cident/			Home	e/Farm	while at work
cause of acc Suicide/Ho	cident/ micide (To	Occurred be filled in BLOCK		Home Factory / St	e/Farm reet / Others	while at work
cause of acc Suicide/Ho	cident/ micide (To narged/Left Against Medica	be filled in BLOCK	ed / Referred out /	Home Factory / St	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome : Disch	cident/ micide (To narged/Left Against Medica	be filled in BLOCK	ed / Referred out /	Factory / St	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome: Disch (b) Final Diagnosis (c) Principal Compli	cident/ micide (To narged/Left Against Medica or Injury	be filled in BLOCK	ed / Referred out /	Home Factory / St	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome: Disch (b) Final Diagnosis (c) Principal Compli	cident/ micide (To narged/Left Against Medica or Injury	be filled in BLOCK	ed / Referred out /	Home Factory / St	e/Farm reet / Others	while at work Specify by Yes / No.
(a) Outcome : Disch (b) Final Diagnosis (c) Principal Complication (d) Principal Association	cident/ micide (To narged/Left Against Medica or Injury	be filled in BLOCK	ed / Referred out /	Home Factory / St	e/Farm reet / Others	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: