

**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

(Signature)

Patient's Name : JYOTSNA PATRA Sex : Female Age : Yrs: 70 Months Days

Patient Srl. No. : PA19038241 Admission Date : 02-Jul-2019 Admission Time : 18:02 Patient Category : PAYING/CABIN/GENERAL

Registration No. : Ward : RG19131454 Charge Coll. No. : Bed No. : Patient Type : OPD/ER
Address : [HRD00000131] DIALYSIS UNIT [Free]

Municipality / Village : MECHEDA Post Office : BARNAL PIN :
Police Station : Kolaghat P. S. District : Midnapore (E)
State : West Bengal Nationality : Indian Religion : Hindu
Address for Communication :

Marital Status : Widowed Patient's Occupation :
Father's Name : Brought By : GUNADHAR Husband's Name : LT KALIPADA PATA
Phone / Mobile No. :

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

(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 Designation
Regn. No. :

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