

**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 : PRATAP DHARA **Sex :** Male **Age :** 40 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19038285 **Admission Date :** 02-Jul-2019 **Admission Time :** 22:52 **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RG19131499 **Charge Coll. No. :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

Ward : CHENGAIL

Address : Uluberia P. S. **Post Office :** DO

Municipality / Village : West Bengal **Police Station :** Indian **District :** Howrah **PIN :**

State : West Bengal **Nationality :** Indian **Religion :** Hindu

Address for Communication :

Marital Status : Married **Patient's Occupation :**

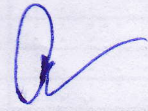
Father's Name : LT KESAB DHARA **Husband's Name :**

Brought By : BIMAL; SANTRA **Phone / Mobile No. :**

Doctor/UNIT : [DDC0000130] DR. MRINAL BAYADA

Whether Referred From :

Provisional Diagnosis : *DM*


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. :