

**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

Patient's Name : CHAITALI BAG Sex : Female Age : 38 Yrs. Months : 0

Patient Srl. No. : PA19036595 Admission Date : 25-Jun-2019 Admission Time : 10:25 Patient Category : PAYING/CABIN/G

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

Address : RG19124864 Charge Coll. No. :

Municipality / Village : [MRD0000013] DIALYSIS UNIT Post Office [Free] : PIN :

Police Station : BRINDABANPUR District : DO

State : Uluberia P. S. Nationality : Indian Religion : Hindu

Address for Communication : West Bengal Indian Hindu

Marital Status : Patient's Occupation


Father's Name : Husband's Name


Brought By : Married Phone / Mobile No. : JAYANTA BAG

Doctor/UNIT : NIVA SENAPATI

Whether Referred From :

Provision Diagnosis : [DOC0000130] DR. MRINAL BAYADA




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 / Abeconded / 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 Office
Regn. No.

Signature of the Doctor with Designation
Regn. No.

F-1
09/18