## 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: IPI Female Age: Patient's Name: Sex: Months Yrs, AKLIMA BEGAM Patient Srl. No.: Admission Date: **Admission Time:** Patient Category: PAYING/CABIN/GENERAL PA19036026 22-Jun-2019 22:06 Registration No.: Ward Bed No.: Patient Type: OPD/ER Charge Coll. No.: R619123085 Address -[WRD0000013] DIALYSIS UNIT [Free] Municipality / Village: Post Office: PIN: Police Station : District : BANITALA DO State Nationality: Religion: Uluberia P. S. Howrah Address for Communications Bengal Indian Muslim Marital Status : Patient's Occupation : **Husband's Name** Father's Name : Married Phone / Mobile No. Brought By SK JAMIR ALI SK ANSAR ALI Doctor/UNIT : Whether Referred From: [DOC00000052] DR. MANABENDRA ROY Provisional Diagnosis: HIALWIL Signature of Admitting Officer Designation IPC Serial No. Diary No.: Specify if it is a Specify the place of injury Whether injury occurred How injury cause of accident/ Home/Farm while at work Occurred Suicide/Homicide Factory / Street / Others 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.: