

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET

Uluberia S.B. Hospital  
Vill.+P.O.+P.S. - Uluberia, P.S. :,Dist.- Howrah

Printed By: I

MUJIBAR MOLLAH

Male 50 0 0

Patient's Name : PA19035962 22-Jun-2019 Sex : 16:07 Age : Yrs. Months Day

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19123021 Charge Coll. No. : [Free]  
[WRD0000013] DIALYSIS UNIT

Ward : Address : RAMCHANDRAPUR Bed No. : Patient Type : OPD/ER

Municipality / Village : Sankrail P. S. Post Office : Howrah PIN :  
Police Station : West Bengal Indian District : Muslim

State : Nationality : Indian Religion :  
Address for Communication : Single

Marital Status : AKBAR MOLLAH Patient's Occupation :  
Father's Name : SANDWARA MOLAH Husband's Name :  
Brought By : [DDC00000062] DR. MANABENDRA ROY Phone / Mobile No. :

Doctor/UNIT : Whether Referred From : Provisional Diagnosis :



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. :