

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

Uluberia S.D. Hospital  
Vill.+P.D.+P.S. - Uluberia , P.S. ;,Dist.- Howrah

Printed By:IP

**Patient's Name :** SIKHA KOLEY **Sex :** Female **Age :** Yrs 44 **Months :** **Days :**

**Patient Srl. No. :** PA19038330 **Admission Date :** 03-Jul-2019 **Admission Time :** 09:39 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** **Ward :** RG19131572 **Charge Coll. No. :** **Bed No. :** **Patient Type :** OPD/ER

**Address :** [MRD0000013] DIALYSIS UNIT [Free]

**Municipality / Village :** **Post Office :** **PIN :**

**Police Station :** NASKARPUR **District :** DD

**State :** Jagatballavpur P.S. **Nationality :** Indian **Religion :** Howrah Hindu

**Address for Communication :** West Bengal

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

**Father's Name :** PAPA KOLEY **Husband's Name :**

**Brought By :** PAPA KOLEY **Phone / Mobile No. :** SUSANTA KOLEY

**Doctor/UNIT :** **Whether Referred From :** [DDC0000011] Dr. ALOKE KR. MUKUTI

**Provisional Diagnosis :**

*3/7/2019*

*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. :