

Huberia S. D. Hospital  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**GOVERNMENT OF WEST BENGAL**  
**BED HEAD TICKET**

Printed By: IP

SAKILA BIBI

Female

50

0

0

PA19038343

03-Jul-2019

10:54

Patient's Name : Sex : Age : Yrs. Months Days

Patient Srl. No. : RG19131717 Charge Coll. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GENERAL  
 [WRD0000013] DIALYSIS UNIT [Free]

Registration No. : W. BAURIA CHAKKASHI  
 Ward : BAURIA P. S. Howrah  
 Address : West Bengal Indian Bed No. : Muslim Patient Type : OPD/ER

Municipality / Village : Post Office : PIN :  
 Police Station : Married District :  
 State : Nationality : Religion : SK SIRAJ  
 Address for Communication : ELSUM KHATUN 0

Marital Status : [DOC0000011] Dr. ALOKE KR. MUKUTI Patient's Occupation :  
 Father's Name : Husband's Name :  
 Brought By : Phone / Mobile No. :

Doctor/UNIT :  
 Whether Referred From :  
 Provisional Diagnosis :

(D)

*S. Karmaka*  
 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. :