

**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:

Patient's Name : ASHA LATA ROY Sex : Female Age : Yrs. 59 Months Da

Patient Srl. No. : PA19038428 Admission Date : 03-Jul-2019 Admission Time : 10:07 Patient Category : PAYING/CABIN/GENE

Registration No. : Ward : RG19132230 Charge Coll. No. : Bed No. : Patient Type : OPD/ER  
Address : [NRD0000013] DIALYSIS UNIT [Free]

Municipality / Village : BAHIRTAFIA Post Office : JADURBERIA PIN :  
Police Station : Uluberia P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Hindu  
Address for Communication :

Marital Status : Married Patient's Occupation :  
Father's Name : Brought By : DO Husband's Name : DHANANJAY ROY  
Phone / Mobile No. :

Doctor/UNIT : [DDC0000011] Dr. ALOKE KR. MUKUTI  
Whether Referred From :  
Provisional Diagnosis : Dialysis (L)

*[Signature]*  
Signature of Admitting Officer  
Designation

IPC Serial No. : Diary No. :

| Specify if it is a cause of accident/<br>Suicide/Homicide | How injury Occurred | Specify the place of injury<br>Home/Farm<br>Factory / Street / Others | Whether injury occurred<br>while at work<br>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. :