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

Printed By: IPDA Uluberia S.D. Hospital Vill.+P.D.+P.S. - Uluberia , P.S. s.Dist.- Howrah Days Months Age: Male Sex: 16:2Patient Category: PAYING/CABIN/GENERAL HABIBUR RAHAMAN 12-Ju1-2019 Admission Time: Patient's Name: PA19040224 Admission Date: Patient Srl. No.: Patient Type : OPD/ER Charge Coll. No.: [Free] Bed No.: Registration No.: [WRD0000013] DIALYSIS UNIT PIN: BOHIRA Post Office: Ward Howrah District Address ALTPUKUR Muslim Municipality / Village: Religion Uluberia P. S. Police Station : Nationality: West Bengal State Address for Communication: Patient's Occupation : Husband's Name Single Marital Status : Phone / Mobile No. SK MIKAIL Father's Name : [DOC0000130] DR. HRINAL BAYADA Brought By : Doctor/UNIT : Whether Referred From: Signature of Admitting Office Provisional Diagnosis: Designation Whether injury occur Diary No.: Specify the place of injury while at work IPC Serial No. Specify by Yes / N Home/Farm Factory / Street / Others How injury Specify if it is a Occurred cause of accident/ Suicide/Homicide (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 ..... From ..... to ..... Stay in Hospital (in days) ..... Date and Hour of Death .....

Counter Signature of the Visiting Staff / Medical Officer Regn. No.:

Signature of the Doctor w Regn. No. :