## 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: T

Patient's Name :	SOUMEN MAITY		Sex:	Male Age:	yrs. Months Day
Patient Srl. No. :	PA19040305 Admission I	<b>Date:</b> 13-Jul-2	Admission Time:	07:12 Patient Cat	egory: PAYING/CABIN/GENERA
Registration No. : Ward :	R619139924 Cha [WRD0000013] DIALYSI	rge Coll. No.:	Bed No. :	[Frae]	Patient Type : OPD/ER
Municipality / Village Police Station : State : Address for Communi	Uluberia P. S. West Bengal <b>Nat</b> i	onality: In	Post Office: District: Religion:	DO Howrah Hindu	PIN:
Marital Status : Father's Name : Brought By :	Married SUKUMAR MAITY APARNA HAZRA		Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
Doctor/UNIT : Whether Referred Fr Provisional Diagnosis		JAT KANTI GASWAMI			
IPC Serial No. :		Diary No. :		S	ignature of Admitting Officer Designation
Specify if it is a cause of accident/ Suicide/Homicide			Specify the place of injury Home/Farm Factory / Street / Others		Whether injury occurred while at work Specify by Yes / No.
cause of ac	ccident/	How injury Occurred	Hon	e/Farm	while at work
cause of ac	ccident/		Hon	e/Farm	while at work
cause of ac	ccident/ omicide	Occurred	Hom Factory / S	re/Farm treet / Others	while at work
cause of ac Suicide/Ho	ccident/ omicide	Occurred  be filled in BLOCK LET	Factory / S	re/Farm treet / Others	while at work
cause of ac Suicide/Ho	ccident/ omicide (To I	occurred  be filled in BLOCK LET  Advice / Absconded / I	TERS at the end of Hospita	re/Farm treet / Others	while at work
(a) Outcome : Disch (b) Final Diagnosis	ccident/ omicide  (To langed/Left Against Medical	oe filled in BLOCK LET	TERS at the end of Hospita Referred out / Death	le/Farm treet / Others	while at work Specify by Yes / No.
(a) Outcome: Disch (b) Final Diagnosis (c) Principal Compli	ccident/ omicide  (To laborate de la	oe filled in BLOCK LET Advice / Absconded / I	TERS at the end of Hospita	le/Farm treet / Others	while at work Specify by Yes / No.
(a) Outcome: Disch (b) Final Diagnosis (c) Principal Compli	ccident/ omicide  (To laborate de la	oe filled in BLOCK LET Advice / Absconded / I	TERS at the end of Hospita	le/Farm treet / Others	while at work Specify by Yes / No.