

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

BED HEAD TICKET

Uluberia S.O. Hospital
Vill.+P.O.+P.S. = Uluberia, P.S., Dist.- Howrah

Printed By: IP

Patient's Name : TAPAS KAYAL **Sex :** Male **Age :** 47 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19040301 **Admission Date :** 13 Jul 2019 **Admission Time :** 05:49 **Patient Category :** PAYING/CABIN/GENER

Registration No. : RG19139920 **Charge Coll. No. :** [Free] **Bed No. :** [Free] **Patient Type :** OPD/ER

Ward : [Free]

Address : N. JAGADISHPUR **Post Office :** ULUBERIA **PIN :**

Municipality / Village : Uluberia P. S. **Post Office :** Howrah

Police Station : West Bengal **Indian** **District :** Hindu

State : **Nationality :** Indian **Religion :**

Address for Communication :

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

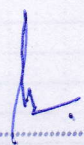
Father's Name : L.T. ARABINDA KAYAL **Husband's Name :**

Brought By : SEFALI KAYAL **Phone / Mobile No. :**

Doctor/UNIT : [DCC0000085] DR. RAJAT KANTI GAGWAMI

Whether Referred From : DIALYSIS

Provisional Diagnosis :


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. :

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