


**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 : GK. RAGID **Sex :** Male **Age :** 50 **Yrs. Months Day**
Patient Srl. No. : PA17041838 **Admission Date :** 19-JUL-2019 **Admission Time :** 13:52 **Patient Category :** PAYING/CABIN/GENERAL
Registration No. : RBI9146034 **Charge Coll. No. :** [WRD0000013] DIALYSIS UNIT
Ward : [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER
Address : SINGHA PARA
Municipality / Village : Sankrail P. S. **Post Office :** DELTAMIL
Police Station : West Bengal **District :** Howrah **Religion :** Muslim **Nationality :** Indian **PIN :**
State : **Address for Communication :** Single
Marital Status : LT SOLEMAN SK **Patient's Occupation :**
Father's Name : IJAJ SK **Husband's Name :** @
Brought By : [DDC0000130] DR. MRINAL BAYADA **Phone / Mobile No. :**
Doctor/UNIT :
Whether Referred From : 
Provisional Diagnosis :

Dr. S. G. ...

.....
Signature of Admitting Officer
Designation

IPC Serial No. : **Blary 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) Fnal 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 ...