

Uluberia S.D. Hospital
 DEPARTMENT OF HEALTH AND FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
 BED HEAD TICKET

Printed By

JAYANTA KAYAL

Male 47 0 0

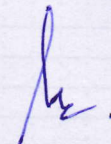
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20-Jul-2019

05:53

Patient's Name : R019146160 Charge Coll. No. : [Free] Sex : Age : Yrs. Months Da
 [WRD0000013] DIALYSIS UNIT

Patient Srl. No. : Admission Date : NORTH JAGADISHPUR Admission Time : Patient Category : PAYING/CABIN/GENE
 Uluberia P. S. ULUBERIA
 Registration No. : West Bengal Indian Howrah Hindu
 Ward : Bed No. : Patient Type : OPD/ER
 Address :
 Municipality / Village : Married Post Office : PIN :
 Police Station : L.T ARABINDA KAYAL District :
 State : MITALI KAYAL Nationality : Religion :
 Address for Communication : [DOC0000011] Dr. ALOKE KR. MUKUTI
 Marital Status : Patient's Occupation :
 Father's Name : DIALYSIS Husband's Name :
 Brought By : Phone / Mobile No. :
 Doctor/UNIT :
 Whether Referred From :
 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. :