

**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:IPD

Patient's Name : SK YARAF ALI Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19040340 Admission Date : 13-Jul-2019 Admission Time : 10:44 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19140249 Charge Coll. No. : Bed No. : [Free] Patient Type : OPD/ER  
Ward : [WRD0000013] DIALYSIS UNIT

Address :  
Municipality / Village : CHALITAPARA Post Office : AJODHYA PIN :  
Police Station : Shyampur P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Muslim

Address for Communication :

Marital Status : Single Patient's Occupation :  
Father's Name : SK RAISUDDIN ALI Husband's Name :  
Brought By : SK SADDAM HOSSAIN Phone / Mobile No. :

Doctor/UNIT : [DDC0000062] DR. MANABENDRA ROY

Whether Referred From :

Provisional Diagnosis :

*Di*

*[Signature]*  
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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