

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET**

(Handwritten Signature)

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

Printed By: IPD

Patient's Name : SWAPAN DOLUI Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19040371 Admission Date : 13-Jul-2019 Admission Time : 12:02 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19140511 Charge Coll. No. : Bed No. : [Free] Patient Type : OPD/ER

Ward : [WRD0000013] DIALYSIS UNIT Address : Municipality / Village : KHARIDP Post Office : DD PIN :

Police Station : Amta P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : Marital Status : Single Patient's Occupation :
Father's Name : LT BASUDEB DOLUI Husband's Name :
Brought By : SEFALI DOLUI Phone / Mobile No. :

Doctor/UNIT : [DOC0000062] DR. MANABENDRA ROY
Whether Referred From :
Provisional Diagnosis :

(Handwritten 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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