

**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 : PRATAP DHARA Sex : Male Age : Yrs. Months Days

Patient Srl. No. : PA19040393 Admission Date : 13-Jul-2019 Admission Time : 14:20 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19140828 Charge Coll. No. : Bed No. : [Free] Patient Type : OPD/ER

Ward : [WRD0000013] DIALYSIS UNIT Address : Municipality / Village : CHAKKASI Post Office : DO PIN :

Police Station : BAURIA P. S. District : Howrah

State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : Marital Status : Single Patient's Occupation :

Father's Name : LT KESAB DHARA Husband's Name :

Brought By : JHARNA DHARA Phone / Mobile No. : 0

Doctor/UNIT : [DDC0000062] DR. MANABENDRA ROY

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. :

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