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

Uluberia S.D. Hospital

	RABIN SAMANTA		Sex:	Male Age:	yrs. Months Da
Patient Srl. No. :	PA19040417 Admission Date	: 13-Jul-2019 /	Admission Time:	17 a 2 Patient Cate	gory: PAYING/CABIN/GENER
Registration No. : Ward :	RG19140852 Charge ( [WRD0000013] DIALYSIS UNI	Coll. No.:	Bed No. :	[Free]	Patient Type : OPD/ER
Municipality / Village : Police Station : State : Address for Communication	SADATPUR Jagatballavpur P. S. West Bengal <b>National</b> i <b>on:</b>	<b>ty:</b> Indian	Post Office: District: Religion:	MANSINGHA Howrah Hindu	PUR PIN:
Marital Status : Father's Name : Brought By :	Single LT BHAGIRATH SAMANTA SELF	Husb	nt's Occupation : and's Name . e / Mobile No. :	0	
Doctor/UNIT : Whether Referred From : Provisional Diagnosis :  IPC Serial No. :	Dialysi	No.:			gnature of <u>Admitting Officer</u> Designation
Specify if it is cause of accide Suicide/Homic	ent/	How injury Occurred	Specify the p Home Factory / Str		Whether injury occurred while at work Specify by Yes / No.
100 mm	(To be fill	ed in BLOCK LETTERS	at the end of Hospital	Stavi	
(a) Outcome: Discharge	(To be fill ed/Left Against Medical Advic	ed in BLOCK LETTERS		Stay)	
	ed/Left Against Medical Advio	ce / Absconded / Referre	ed out / Death		
(b) Final Diagnosis or In	ed/Left Against Medical Advio	ce / Absconded / Referre	ed out / Death	••••••	
(b) Final Diagnosis or In	ed/Left Against Medical Advio	ce / Absconded / Referre	ed out / Death	***************************************	***************************************
(b) Final Diagnosis or In	ed/Left Against Medical Advio	ce / Absconded / Referre	ed out / Death	***************************************	***************************************
<ul><li>(b) Final Diagnosis or In</li><li>(c) Principal Complication</li><li>(d) Principal Associated In</li></ul>	ed/Left Against Medical Advio	ce / Absconded / Referre	ed out / Death		***************************************