

**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

Patient's Name : NAMITA SANTARA Sex : Female Age : Yrs. Months  
 Patient Srl. No. : PA19040437 Admission Date : 13-Jul-2019 Admission Time : 19:56 Patient Category : PAYING/CABIN/GE  
 Registration No. : Ward : RG19140872 Charge Coll. No. : Bed No. : Patient Type : OPD/ER  
 Address : [WRD0000013] DIALYSIS UNIT Post Office : [Free] PIN :  
 Municipality / Village : Police Station : BARBAUL District : POLASH PAI  
 State : Khanakul P. S. Nationality : Indian Religion : Hooghly Hindu  
 Address for Communication : West Bengal  
 Marital Status : Single Patient's Occupation :  
 Father's Name : LT JANAKINATH SANTARA Husband's Name :  
 Brought By : SRABANI SANTARA Phone / Mobile No. :  
 Doctor/UNIT :  
 Whether Referred From : [DOC0000062] DR. MANABENDRA ROY  
 Provisional Diagnosis :

*for sudden Dialysis.*  
~~unconscious.~~

*[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. :