

**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: I

Patient's Name : CHIRANJIT MAITY Sex : Male Age : Yrs. Months Da

Patient Sri. No. : PA19040424 Admission Date : 13-Jul-2019 Admission Time : 17:51 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19140059 Charge Coll. No. :
Ward : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER
Address :

Municipality / Village : DINGA KHOLA Post Office : DO PIN :
Police Station : Shyampur P. S. District : Howrah
State : West Bengal Nationality : Indian Religion : Hindu
Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : ARJUN MAITY Husband's Name :
Brought By : SELF Phone / Mobile No. : 0

Doctor/UNIT : [DDC0000062] DR. MANABENDRA ROY

Whether Referred From :
Provisional Diagnosis : Dialysis

S
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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