

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

Rampurhat Govt. Medical College & Hospital
RAMPURHAT

User Name : ipd

Patient's Name : PRODIP PIPARA **Sex :** Male **Age :** 64 **Yrs. Months Days** 0 0 0

Patient Srl. No. : RSHH/PA1900050448 **Admission Date :** [01-07-2019] **Admission Time :** [6:46 AM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900114931 **Bed No. :** _____ **Patient Type :** OPD/ER

Ward : MMW **Emergency**

Address : _____ **Post Office :** _____ **PIN :** 000000

Municipality / Village : MURAROI **District :** DO **Religion :** Hindu

Police Station : Muraroi **Nationality :** India

State : West Bengal

Address for Communication : _____ **Phone / Mobile No. :** 0000000000

Marital Status : Married **Patient's Occupation :** _____

Brought By : LT DHANARAJ PIPARA **Husband's Name :** _____

SON **Phone / Mobile No. :** 0000000000

Doctor/UNIT : / Dr. ANANDA MONDAL

Whether Referred From : _____

Provisional Diagnosis : _____

.....
Signature of Admitting Officer
Designation

IC 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)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Stay in Hospital (in days) **From** **to** 07/07/2019 06:50 AM

Time and Hour of Death **at** **Hrs**

.....
Signature of the Visiting Staff / Medical Officer
 n. No.

.....
Signature of the Doctor with Designation
 Regn. No.