

BED HEAD TICKET
 Rampurhat Govt. Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : ipd

Patient's Name : ANJUN BIBI Sex : Female Age : 50 Yrs. 0 Months 0 Days

Patient Id. No. : RSH/PA1900051985 Admission Date : [06-07-2019] Admission Time : [6:20 AM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSH/RG1900121562
 Ward : FMW

Address : _____ Bed No. _____ Patient Type : ^{Emergency} OPD/ER

Municipality / Village : NALHATI
 Police Station : Nalhati West Bengal
 Nationality : India
 Post Office : DO
 District : Birbhum
 Religion : Muslim
 PIN : 000000

Marital Status : Married
 Father's Name : DO SON
 Patient's Occupation :
 Husband's Name : ISLAM SK
 Phone / Mobile No. : 0000000000

Doctor/UNIT : / Dr.SAMIR KR SINHA

Whether Referred From :
 Provisional Diagnosis :

Signature of Admitting Officer
 Designation

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

1 of 4
 Hospital (In days)

From to 07/06/2019 06:25 AM

End Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
 Regn. No.