

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

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

User Name : ipd

Patient's Name : X FENTU SK **Sex :** Male **Age :** 43 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900052025 **Admission Date :** [06-07-2019] **Admission Time :** [9:02 AM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RHSH/RG1900121606
Ward. : MMW

Bed No. : **Patient Type :** Emergency
OPD/ER

Address :
Municipality / Village : MARGARM

Post Office : DO **PIN :** 000000

Police Station : Khargram
State : West Bengal

District : Murshidabad
Religion : Muslim

Nationality : India

Address for Communication :

Marital Status : Single

Patient's Occupation :

Father's Name : SARA SK

Husband's Name :

Brought By : DO

Phone / Mobile No. : 0000000000

Doctor/UNIT : / Dr.GAUTAM GHOSH

Whether Referred From :

Provisional Diagnosis :

.....
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

1 of 4

Stay in Hospital (in days)

From to 07/06/2019 09:07

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.