OEPARTMENT OF HEALTH AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital
RAMPURHAT

User Nan

ame :	PRANAB KUMAR MO	INDAL	Sex: Male	Age: 4	$_4$ Yrs. $_{\odot}$ Months	0
aent Srl. No. :	Admis RHSH/PA190005255	sion Date : 1 [08-07-2019]	Admission Time: [7:25 AM]		pry : PAYING/CABIN Free	I/GENE
Ward. :	RHSH/RG190012293 MMW	2	Bed No.	STATE OF THE STATE	Patient Type : OP D	VEB er
Address Municipality / Vil Police Station : State : Address for Com	Rampurhat West Bengal	Nationality: India	Post Office: DO District: Birbb Religion: Hind		PIN:	0000
Marital Status: Father's Name: Married LT GANGA NARAYAN MONDAL SON		Patient's Occupation : Husband's Name : Phone / Mobile No. 0000000000	00			
Doctor/UNIT : Whether Referre Provisional Diagr						
IPC Serial No. :		Diary No. :		Sign	ature of Admitting Designation	Office
	fy if it is a	How injury	Specify the plac		Whether injury o	
	of accident/ e/Homicide	Occurred	Factory / Street		Specify by Yes	s / No.
		Occurred	Factory / Street			s / No.
		Occurred	Factory / Street			s / No.
Suicide	e/Homicide	(To be filled in BLOCK LE	TTERS at the end of Hospital Sta	t / Others		s / No.
Suicide (a) Outcome : D	e/Homicide	(To be filled in BLOCK LE Medical Advice / Absconded	TTERS at the end of Hospital Sta / Referred out / Death	t / Others	Specify by Yes	
(a) Outcome : D	e/Homicide	(To be filled in BLOCK LE Medical Advice / Absconded	TTERS at the end of Hospital Sta / Referred out / Death	t / Others	Specify by Yes	
(a) Outcome : D (b) Final Diagno (c) Principal Cor	Discharaged/Left Against Nosis or Injury	(To be filled in BLOCK LE Medical Advice / Absconded	TTERS at the end of Hospital Sta / Referred out / Death	t / Others	Specify by Yes	
(a) Outcome : D (b) Final Diagno (c) Principal Cor	Discharaged/Left Against Nosis or Injury	(To be filled in BLOCK LE Medical Advice / Absconded	TTERS at the end of Hospital Sta / Referred out / Death	t / Others	Specify by Yes	
(a) Outcome : D (b) Final Diagno (c) Principal Cor	Discharaged/Left Against Nosis or Injury	(To be filled in BLOCK LE Medical Advice / Absconded	TTERS at the end of Hospital Sta / Referred out / Death	t / Others	Specify by Yes	
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