

DEPARTMENT OF HEALTH AND FAMILY WELFARE
 GOVERNMENT OF WEST BENGAL
BED HEAD TICKET
 Rampurhat Govt. Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : ipd1

Name: ABUL KALAM
 Sex: Male Age: 56Yrs. Months Days
 Patient Category: PAYING/CABIN/GENERAL

Admission Date: [21-06-2019]

Admission Time: [5:34 PM]

No.: RSHH/PA1900047503
 RSHH/RG1900105275
 MMW

Bed No.

Patient Type: OPD/ER
Emergency

PIN: 000000

Village: BABUPUR
 Raghunathganj
 West Bengal

Nationality: India

Post Office: RANGHUNATGANJ
 District: Murshidabad
 Religion: Muslim

Communication:

Status: Single
 Name: LT AFSAR SK
 Relation: SON

Patient's Occupation:
 Husband's Name: 0000000000
 Phone / Mobile No.:

Referred From: / Dr.S.SAMANTA

Final Diagnosis:

Signature of Admitting Officer
 Designation

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
 Stay in Hospital (in days) From to

at Hrs

Date and Hour of Death

06/21/2019 05:40 PM

Signature of the Doctor with Designation