## DEPARTMENTS OF WEALTH AND FAMILY WELFARE ADMISSION GOVERNMENT OF WEST BENGAL BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital RAMPURHAT

User Name : ipd

(PH:0) ent's Name : Months Sex: Days Age: Yrs. PADIP KR DAS Male ent Srl. No.: Admission Date: **Admission Time:** Patient Category: PAYING/CABIN/GENERAL RHSH/PA1900052703 [ 08-07-2019] [ 3:09 PM] Free stration No.: RHSH/RG1900124235 MMW Bed No. Patient Type: OPD/ER ency icipality / Village: Post Office: PIN: SANGHATAPARA RAMPURHAT 000000 e Station: Rampurhat District: Birbhum West Bengal Nationality: India Religion: Hindu ress for Communication: tal Status: Patient's Occupation: Single er's Name : Husband's Name: SUNIL DAS aht By: Phone / Mobile No. popopopopo or/UNIT: UNIT-I A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAGCHI/Dr.SK. JAHIRUL ISLAM ther Referred From: isional Diagnosis: Signature of Admitting Officer Designation Serial No. : Diary No.: Specify if it is a Specify the place of injury Whether injury occurred How injury cause of accident/ Home/Farm while at work **Occurred** Suicide/Homicide Factory / Street / Others Specify by Yes / No. (To be filled in BLOCK LETTERS at the end of Hospital Stay) Outcome: Discharaged/Left Against Medical Advice / Absconded / Referred out / Death Final Diagnosis or Injury..... rincipal Complications ..... Principal Associated Diseases ..... in મેoક્ફીtર્સ (in days) ..... and Hour of Death ..... at ...... Hrs ..... ter Signature of the Visiting Staff / Medical Officer Signature of the Doctor with Designation

Regn. No.