

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

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

User Name : ipd

Name: **HIRANMOY MONDAL** Sex: Male Age: 74 Yrs. 0 Months 0 Days

Admission Date: [08-07-2019] Admission Time: [7:55 PM] Patient Category: **PAYING/CABIN/GENERAL**
 Free

Registration No.: RSHH/PA1900052765
 MMW

Bed No. Patient Type: **OPD/ERgency**

Municipality / Village: **RODIPUR**
 Post Office: **KHARBONA** PIN: **000000**
 Station: **Rampurhat** District: **Birbhum**
 West Bengal Nationality: **India** Religion: **Hindu**

Address for Communication:

Marital Status: **Married**
 Patient's Occupation:
 Father's Name: **LT JAGATTARAN MONDAL** Husband's Name:
 Son Phone / Mobile No.: **0000000000**

Admission Unit: **UNIT-I A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAGCHI/Dr.SK. JAHIRUL ISLAM**

Referred From:

Initial 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)

Discharge: Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Initial Diagnosis or Injury.....

Principal Complications

Principal Associated Diseases

1 of 4
 Hospital (in days)

From to **07/08/2019 07:54 PM**

Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
 Regn. No.