

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

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

User Name : ipd1

Patient's Name : PRADIP PIPARA. **Sex :** Male **Age :** 65 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900033136 **Admission Date :** [10-07-2019] **Admission Time :** [6:41 AM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900125605
Ward. : MMW

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

Municipality / Village : MURARAI

Police Station : Muraroi
State : West Bengal

Nationality : India

Post Office : DO
District : Birbhum
Religion : Hindu

PIN : 000000

Address for Communication :

Marital Status : Single
Father's Name : LT DHANRAJ PIPARA
Brought By : SON

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

Doctor/UNIT : UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA

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** 07/10/2019 06:45

Date and Hour of Death

at **Hrs**