

"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 : KANIK MAL Sex : Female Age : 46 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900053148 Admission Date : [10-07-2019] Admission Time : [7:20 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900125617
 Ward. : FMW Bed No. Patient Type : OPD/ER Emergency

Address :
 Municipality / Village : DHARAMPUR Post Office : BARLA
 Police Station : Nalhati District : Birbhum PIN : 000000
 State : West Bengal Nationality : India Religion : Hindu

Address for Communication :
 Marital Status : Married Patient's Occupation :
 Father's Name : DO Husband's Name : BAIDANATH MAL
 Brought By : 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