

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 : X. MUNTAJ ALI **Sex :** Male **Age :** 52 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900053213 **Admission Date :** [10-07-2019] **Admission Time :** [10:15 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900126215 **Ward :** MMW **Bed No. :** **Patient Type :** OPD/ER Emergency

Address :
Municipality / Village : JHILLY **Post Office :** NONADANGA **PIN :** 000000
Police Station : Khargram **District :** Murshidabad
State : West Bengal **Nationality :** India **Religion :** Muslim
Address for Communication :

Marital Status : Single **Patient's Occupation :**
Father's Name : JAFAR ALI **Husband's Name :**
Brought By : SON **Phone / Mobile No. :** 0000000000

Doctor/UNIT : / Dr.GAUTAM GHOSH
Whether Referred From :
Provisional Diagnosis :

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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

Stay in Hospital (In days) From to 07/10/2019 10:15
 Date and Hour of Death at Hrs

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Counter Signature of the Visiting Staff / Medical Officer
 Regn. No.

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Signature of the Doctor with Designation
 Regn. No.