

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. KABIR NASARI
Sex : Male
Age : 64 Yrs. 0 Months 0 Days
Patient Category : PAYING/CABIN/GENERAL
Admission Date : [10-07-2019]
Admission Time : [10:35 AM]
Registration No. : RSHH/PA1900053224
Ward : RSHH/RG1900126387
Address : MMW
Bed No. :
Patient Type : OPD/ER
 Emergency
Municipality / Village : PINALGORIA
Police Station : SHIKARI PARA
State : Jharkhand
Address for Communication :
Nationality : India
Post Office :
District : DO
Religion : Dumka Muslim
PIN : 000000
Marital Status :
Father's Name : Single
Brought By : DILJAN MIA
 SON
Doctor/UNIT : / Dr. CAUTAM GHOSH
Whether Referred From :
Provisional Diagnosis :

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

PC Serial No. : _____ **Diary No. :** _____

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Signature of Admitting Officer
 Designation

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)

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

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

In Hospital (in days) **From** **to** 07/10/2019 10:35 AM

and Hour of Death **at** **Hrs**

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Signature of the Visiting Staff / Medical Officer
 No.

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Signature of the Doctor with Designation
 Regn. No.