

"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 : ipd

**Patient's Name :** ASHRU ROY... **Sex :** Male **Age :** 68 Yrs. 0 Months 0 Days

**Patient Sri. No. :** RHSH/PA1900053719 **Admission Date :** [ 12-07-2019 ] **Admission Time :** [ 6:56 AM ] **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RHSH/RG1900128729 **Emergency**  
**Ward. :** MMW **Bed No. :** **Patient Type :** OPD/ER

**Address :** **Post Office :** RAMPURHAT **PIN :** 000000

**Municipality / Village :** HOSPITALPARA **Post Office :** Birbhum **District :** Hindu

**Police Station :** Rampurhat **Religion :**

**State :** West Bengal **Nationality :** India

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**

**Father's Name :** LT NIMAI ROY **Husband's Name :** 0000000000

**Brought By :** SON **Phone / Mobile No. :**

**Doctor/UNIT :** UNIT-IIB(MEDICINE) / Dr.SUBHENDU JANA/Dr.CAUTAM GHOSH

**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 .....

**Stay in Hospital (in days) .....** **From .....** **to .....**

**Date and Hour of Death .....** **at .....** **Hrs .....**