DEPARTMENT OF HEALTH AND FAMILY WELFARE ADMISSION GOVERNMENT OF WEST BENGAL BED HEAD TICKET

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

ient's Name :		Sex: Age	: Yrs. Months Days
JULLUSK	ssion Date :	Admission Time : Patient C	ategory: PAYING/CABIN/GENERAL
nt Srl. No.: Admis RHSH/PA19000546		[9:45 AM]	Free
stration No.: RHSH/RG19001316		Bed No.	Patient Type : OPD/ER
icipality / Village: ce Station: SANGRAMPU PAKUR Fig. Jharkhand ress for Communication:	R Nationality: India	Post Office : District : DO Pakur Religion : Muslim	PIN: 000000
al Status: pr's Name: Married LT SUBED SK SON	H P	Patient's Occupation : Husband's Name : Phone / Mobile No. :	
or/UNIT: ther Referred From: isional Diagnosis:	E) / Dr.SANJOY BHATTACH	ARYA/Dr.PRIYODORSHI BAGCHI/Dr.S	SK. JAHIRUL ISLAM
			Signature of Admitting Officer Designation
Serial No.:	Diary No. :	The state of the s	M. G. James Program (Principles Principles and Sept Sept Sept Sept Sept Sept Sept Sept
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 LET	TERS at the end of Hospital Stay)	
Outcome : Discharaged/Left Agains		TERS at the end of Hospital Stay) Referred out / Death	
	t Medical Advice / Absconded /		
Final Diagnosis or Injury	t Medical Advice / Absconded /	Referred out / Death	
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