

HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
INPATIENT HEAD TICKET

Govt. Medical College & Hospital
 RAMPURHAT

User Name : ipd

Patient's Name : MANSUR MIYA Sex : Male Age : 74 Yrs. 0 Months 0 Days
 Patient Sri. No. : _____ Admission Date : [15-07-2019] Admission Time : [7:43 AM] Patient Category : PAYING/CABIN/GENERAL
RHSH/PA1900054595 [15-07-2019] [7:43 AM] Free

Registration No.: RHSH/RG1900131149 Bed No. _____ Patient Type : OPD/ER
 Ward : MMW Emergency
 Address _____
 Municipality / Village : _____ Post Office : _____ PIN : _____
 Police Station : RACHUNATH GANJ District : BORKIYARI 000000
 State : MAHESPUR Religion : Pakur
Jharkhand Nationality : India Muslim
 Address for Communication : _____

Marital Status : _____ Patient's Occupation : _____
 Father's Name : Married Husband's Name : _____
 Brought By : LT MAHOBULLAH Phone / Mobile No. : 0000000000
SON

Doctor/UNIT : _____
 Whether Referred From : UNIT-II(C MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI
 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 07/15/2019 07:47
 Date and Hour of Death at Hrs