

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

Rampurhat Govt. Medical College & Hospital
RAMPURHAT

User Name : ipd

Patient's Name : PRADIP DAS **Sex :** Male **Age :** 52 **Yrs. Months Days :** 0 0 0

Admission Date : [15-07-2019] **Admission Time :** [2:22 PM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RSHH/PA1900054738 **Bed No. :** **Patient Type :** OPD/ER
Emergency

Municipality / Village : SANGHATAPARA RAMPURHAT **Post Office :** **PIN :** 000000

Post Office : RAMPURHAT **District :** Birbhum

Religion : Hindu **Nationality :** India

Address for Communication : Rampurhat, West Bengal

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

Guardian's Name : SUNIL DAS **Husband's Name :**

Guardian By : DO **Phone / Mobile No. :** 0000000000

Attending Doctor/UNIT : Dr. ABDUS SAMIM

Whether Referred From :

Provisional Diagnosis :

.....
Signature of Admitting Officer
Designation

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)

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

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Admitted in Hospital (in days) **From** **to** 07/15/2019 02:26 PM

Time 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.