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

Rampurhat Govt. Medical College & Hospital User Name : ipd RAMPURHAT ient's Name : Sex: MR NIDHIR MAL Age: Yrs. Months Davs ent Srl. No. : Admission Date: Admission Time: Patient Category: PAYING/CABIN/GENERAL RHSH/PA1900054786 [15-07-2019] [5:28 PM] Free stration No.: RHSH/RG1900132591 Patient Type : OPD/ER Emergency MMW Bed No. icipality / Village: Post Office: ce Station: DANGAPARA PIN: KALUHA District: Margram 000000 Nationality: West Bengal Birbhum Religion: India Hindu tal Status: Patient's Occupation: er's Name : Single Husband's Name: SANNASHI MAL ight By: Phone / Mobile No.: WIFE or/UNIT: per Referred Fig. 1. A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAGCHI/Dr.SK. JAHIRUL ISLAM isional Diagnosis: Signature of Admitting Officer erial No. : Designation Diary No.: Specify if it is a Specify the place of injury Whether injury occurred How injury cause of accident/ Home/Farm Suicide/Homicide **Occurred** while at work Factory / Street / Others Specify by Yes / No. (To be filled in BLOCK LETTERS at the end of Hospital Stay) utcome : Discharaged/Left Against Medical Advice / Absconded / Referred out / Death nal Diagnosis or Injury..... ncipal Complications incipal Associated Diseases Hpspftat (in days) d Hour of Death at Hrs

Signature of the Doctor with Designation

Regn. No.

Signature of the Visiting Staff / Medical Officer