

"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 : KALIM ANSARI Sex : Male Age : 33 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900033008 Admission Date : [ 16-07-2019 ] Admission Time : [ 9:46 AM ] Patient Category : PAYING/CABIN/GENERAL  
Free

Registration No. : RHSH/RG1900133204  
Ward. : MMW

Address : Bed No. Patient Type : OPD/ER  
Emergency

Municipality / Village : PAKUR

Police Station : PAKUR  
State : Jharkhand

Nationality : India

Post Office : DO  
District : Pakur  
Religion : Muslim

PIN : 000000

Address for Communication :

Marital Status : Single

Father's Name : KHURSED ANSARI

Brought By : DO///

Patient's Occupation :

Husband's Name : 0000000000

Phone / Mobile No. :

Doctor/UNIT : UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA

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 .....

1 of 4

Stay in Hospital (in days) .....

From ..... to 07/16/2019 09:50 A

Date and Hour of Death .....

at ..... Hrs .....

Counter Signature of the Visiting Staff / Medical Officer  
Regn. No.

Signature of the Doctor with Designation  
Regn. No.