

"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 : ip

Patient's Name : NOOR NABI Sex : Male Age : 60 Yrs. 0 Months 0 Days

Patient Srl. No. : RSH/PA1900033092 Admission Date : [16-07-2019] Admission Time : [9:36 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSH/RC1900133126

Ward. : MMW Bed No. Patient Type : OPD/ER Emergency

Municipality / Village : AMBHA Post Office : KALUHA PIN : 000000

Police Station : Margram District : Birbhum Religion : Muslim

State : West Bengal Nationality : India

Address for Communication :
Marital Status : Single Patient's Occupation :
Father's Name : LT ABDUL RAHAMAN Husband's Name : 0000000000
Brought By : SON// 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 09:4

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.