

"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 :

**Patient's Name :** MD EMTIAZ ALI **Sex :** Male **Age :** 35 Yrs. 0 Months 0 Days

**Patient Sri. No. :** RSHH/PA1900054088 **Admission Date :** [ 16-07-2019] **Admission Time :** [ 9:00 AM] **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RSHH/RG1900132796 **Ward :** FMW

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

**Municipality / Village :** PAKUR **Post Office :** DO

**Police Station :** PAKUR **District :** Pakur **Religion :** Muslim **PIN :** 00

**State :** Jharkhand **Nationality :** India

**Address for Communication :**

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

**Father's Name :** ALI ANSARI **Husband's Name :** 0000000000

**Brought By :** WIFE **Phone / Mobile No. :**

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

**Whether Referred From :**

**Provisional Diagnosis :**

**IPC Serial No. :** **Diary No. :**

.....  
 Signature of Admitting Officer  
 Designation

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 .....

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**Stay in Hospital (in days) .....** **From .....** **to .....** 07/16/2019 09:06

**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.