

"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 :** GOPAL KUMAR BHAKAT      **Sex :** Male      **Age :** 52 Yrs. 0 Months 0 Days

**Patient Sri. No. :** RHSH/PA1900033034      **Admission Date :** [ 16-07-2019 ]      **Admission Time :** [ 1:39 PM ]      **Patient Category :** PAYING/CABIN/GENERAL

**Registration No.:** RHSH/RG1900133860      **Emergency**  
**Ward. :** MMW      **Bed No.**      **Patient Type :** OPD/ER

**Address**  
**Municipality / Village :** CHATRA      **Post Office :** DO      **PIN :** 000000  
 Muraroi      **District :** Birbhum      **Religion :** Hindu  
**Police Station :** West Bengal      **Nationality :** India  
**State :**      **Address for Communication :**

**Marital Status :** Single      **Patient's Occupation :**  
**Father's Name :** LT NANADA BHAKAT      **Husband's Name :**  
**Brought By :** SON//      **Phone / Mobile No. :** 0000000000

**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/<br>Suicide/Homicide | How injury Occurred | Specify the place of injury<br>Home/Farm<br>Factory / Street / Others | Whether injury occurred while at work<br>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 .....**

**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.