

JOIN YOUR PHOTO ID AT THE TIME OF ADMISSION"

HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital
RAMPURHAT
(PH:0)

User Name : ipd1

Patient's Name : **ABDUL MATIN** Sex : **Male** Age : **56** Yrs. **0** Months **0** Days

Patient Srl. No. : **RHSH/PA1900053119** Admission Date : **[10-07-2019]** Admission Time : **[5:14 AM]** Patient Category : **PAYING/CABIN/GENERAL**

Registration No. : **RHSH/RG1900125588**
Ward. : **MMW**

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

Address
Municipality / Village : **KAITH** Post Office : **DO** PIN : **000000**
Police Station : **Nalhati** District : **Birbhum**
State : **West Bengal** Nationality : **India** Religion : **Muslim**

Address for Communication :

Marital Status : **Single** Patient's Occupation :
Father's Name : **LT ABDUL RAHAMAN** 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/ 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 07/10/2019 05:29

Date and Hour of Death at Hrs