

**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 :** MR. PS. KABIRAJ **Sex :** Male **Age :** 50 **Yrs.** 0 **Months** 0 **Days** 0

**Patient Srl. No. :** RHSH/PA1900055317 **Admission Date :** [ 17-07-2019 ] **Admission Time :** [ 10:40 AM ] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RHSH/RG1900134976 **Bed No.** **Patient Type :** OPD/ER Emergency  
**Ward. :** MMW

**Address :**  
**Municipality / Village :** NISCHINTAPUR  
**Police Station :** Rampurhat  
**State :** West Bengal **Nationality :** India  
**Address for Communication :** **Post Office :** RPH **District :** Birbhum **Religion :** Hindu **PIN :** 000000

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

**Doctor/UNIT :** Dr. GAUTAM GHOSH  
**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 .....

Stay in Hospital (in days) ..... From ..... to ..... 07/17/2019  
 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.