ADMISSION"

GOVERNMENT OF WEST BENGAL BED HEAD TICKET

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

User Name : ipd

Patient's Name: X. FENTU SK Sex: Age: Male 43 Yrs. Months Days Patient Srl. No.: **Admission Date: Admission Time:** Patient Category: PAYING/CABIN/GENERAL RHSH/PA1900055282 [17-07-2019] [9:10 AM] Registration No.: RHSH/RG1900134196 FMW Ward. Bed No. Patient Type: OPD/ERgency Address Municipality / Village: MARGRAM Post Office: Police Station: PIN: Khargram 000000 District: Murshidabad State: West Bengal Nationality: India Muslim Religion: **Address** for Communication: Marital Status: Single Patient's Occupation: Father's Name: SARA SK Husband's Name: Brought By: SON Phone / Mobile No.: 0000000000 Doctor/UNIT: / Dr.GAUTAM GHOSH Whether Referred From: Provisional Diagnosis: Signature of Admitting Officer IPC Serial No. : Designation Diary No.: Specify If it is a Specify the place of injury Whether injury occurred How injury cause of accident/ Home/Farm while at work **Occurred** Suicide/Homicide Factory / Street / Others Specify by Yes / No. (To be filled in BLOCK LETTERS at the end of Hospital Stay) a) Outcome: Discharaged/Left Against Medical Advice / Absconded / Referred out / Death b) Final Diagnosis or Injury..... c) Principal Complications d) Principal Associated Diseases tay in Hospital (in days) From to 07/17/2019 09:14 AN ate and Hour of Death at Hrs ounter Signature of the Visiting Staff / Medical Officer Signature of the Doctor with Designation ean. No. Regn. No.