

"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 : SR. NIRUFA BEGUM Sex : Female Age : 20 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900053379 Admission Date : [17-07-2019] Admission Time : [1:29 PM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900135516
Ward. : FMW

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

Municipality / Village : NAGAR

Police Station : Khargram
State : West Bengal

Nationality : India

Post Office : DO
District : Murshidabad
Religion : Muslim

PIN : 000000

Address for Communication :

Marital Status : Single
Father's Name : AZMIR MOMIN
Brought By : DO

Patient's Occupation :
Husband's Name :
Phone / Mobile No. : 0000000000

Doctor/UNIT : / Dr.GAUTAM GHOSH

Whether Referred From :

Provisional Diagnosis :

Signature of Admitting Officer
Designation

PC 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

Day in Hospital (In days)

From to 07/17/2019 01:33 PM

Date and Hour of Death

at Hrs

Signature of the Visiting Staff / Medical Officer
Regn. No.

Signature of the Doctor with Designation
Regn. No.