

**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 : JAHAR BHATTACHARYA **Sex :** Male **Age :** 63 **Yrs.** 0 **Months** 0 **Days** 0

Admission No. : RSH/PA1900055473 **Admission Date :** [17-07-2019] **Admission Time :** [5:50 PM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RSH/RG1900135616 **Bed No. :** _____ **Patient Type :** OPD/ER
Emergency

Locality / Village : KALITHA **Post Office :** _____ **PIN :** 000000
Station : Nalhati **District :** DO Birbhum **Religion :** Hindu
West Bengal **Nationality :** India

Means for Communication : _____ **Status :** Single
Referral Name : LT MOTILAL BHATTACHARYA **Patient's Occupation :** _____
Referral By : SON **Husband's Name :** _____
Phone / Mobile No. : 0000000000

UNIT : UNIT-IB(MEDICINE) / PROF MAITRYEE BANDYOPADHYAY/Dr.MD.MOBASSER HOSSAIN
Referred From : _____
Final Diagnosis : _____

.....
Signature of Admitting Officer
Designation

Admission 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)

Reason for Discharge : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Diagnosis or Injury

Complications

Associated Diseases

Duration (in days)

From **to** 07/17/2019 05:53 PM

Hour of Death **at** **Hrs**

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Signature of the Visiting Staff / Medical Officer

.....
Signature of the Doctor with Designation
Regn. No.