

"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

Name : KALIM ANSARI Sex : Male Age : 33 Yrs. 0 Months 0 Days

Srl. No. : RHSH/PA1900055053 Admission Date : [19-07-2019] Admission Time : [7:11 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900137058 MMW Bed No. Patient Type : OPD/ER

Locality / Village : PAKUR Post Office : DO
District : Pakur PIN : 000000
State : Jharkhand Religion : Muslim

Nationality : India

Status : Single Patient's Occupation :

Name : KHUSIR ANSARI Husband's Name : 0000000000
By : SELF Phone / Mobile No. :

Referral : UNIT-IIB(MEDICINE) / Dr.SUBHENDUJANA/Dr.GAUTAM GHOSH

Referred From :
Clinical Diagnosis :

Signature of Admitting Officer
Designation

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

Clinical Diagnosis or Injury.....

Complications

Associated Diseases

Duration of Hospital Stay (in days) From to 07/19/2019 07:15 AM

Time of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
Regn. No.