

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 : ASHRU ROY Sex : Male Age : 70 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900055958 Admission Date : [ 19-07-2019 ] Admission Time : [ 7:17 AM ] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900137061 MMW Bed No. Patient Type : OPD/ER  
 Emergency

Address : HOSPITAL PARA Post Office : RAMPURHAT PIN : 000000  
 Rampurhat District : Birbhum  
 West Bengal Nationality : India Religion : Hindu

Marital Status : Single Patient's Occupation :  
 Father's Name : AMIYA ROY Husband's Name :  
 Son SON Phone / Mobile No. : 0000000000

Attending Doctor/UNIT : UNIT-IIB(MEDICINE) / Dr.SUBHENDU JANA/Dr.GAUTAM GHOSH

Whether Referred From :  
 Provisional Diagnosis :

.....  
 Signature of Admitting Officer  
 Designation

Serial No. : Diary No. :

| Specify if it is a cause of accident/<br>Suicide/Homicide | How injury Occurred | Specify the place of injury<br>Home/Farm<br>Factory / Street / Others | Whether injury occurred while at work<br>Specify by Yes / No. |
|---|---------------------|---|---|
|   |                     |   |   |

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury.....

Principal Complications .....

Principal Associated Diseases .....

1 of 4 Stay in Hospital (in days) ..... From ..... to ..... 07/19/2019 07:21 AM

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.