

"SHOW YOUR PHOTO 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 : MD AZIJUL Sex : Male Age : 55 Yrs. 0 Months 0 Days

Patient Sri. No. : RHSH/PA1900055948 Admission Date : [19-07-2019] Admission Time : [6:59 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900137053
 MMW

Bed No. Patient Type : Emergency OPD/ER

Locality / Village : KANDI
 Kandi
 West Bengal

Post Office : DO
 Murshidabad
 District : Muslim
 Religion :

PIN : 000000

Nationality : India

Address for Communication :

Marital Status : Single
 Patient's Name : LT MD MIJAL
 Relationship : WIFE

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

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

From where Referred From :

Additional Diagnosis :

.....
 Signature of Admitting Officer
 Designation

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)

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

Final Diagnosis or Injury.....

Principal Complications

Principal Associated Diseases

1 of 4
 Hospital (in days) From to 07/19/2019 07:03 AM

Time and Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer
 No.

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