

W YOUR PHOTO ID AT THE TIME OF ADMISSION"

**HEALTH AND FAMILY WELFARE
DEPARTMENT OF WEST BENGAL**

Rampurhat Government Medical College & Hospital
RAMPURHAT
(PH:0)

User Name : ipd

Patient's Name : MANSUR MIYA Sex : Male Age : 05 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900057039 Admission Date : [22-07-2019] Admission Time : [7:04 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900140061 MMW Emergency

Ward. : Bed No. Patient Type : OPD/ER

Address : RACHUNATHPUR BORKIYARI PIN : 000000

Municipality / Village : MAHESPUR Post Office : Pakur

Police Station : Jharkhand India District : Muslim

State : Nationality : Religion :

Address for Communication :

Marital Status : Married Patient's Occupation :

Father's Name : LT MAHABULA Husband's Name : 0000000000

Brought By : SON Phone / Mobile No. :

Doctor/UNIT : UNIT-IIC(MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI

Whether Referred From :

Provisional Diagnosis :

Signature of Admitting Officer
Designation

IPC 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

Stay in Hospital (in days) From to

Date and Hour of Death at Hrs