

SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"

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

**ED-HEAD TICKET**  
Medical College & Hospital  
RAMPURHAT  
(PH:0)

User Name : ipd

Patient's Name : LAL MD KHAN Sex : Male Age : 60 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900057034 Admission Date : [ 22-07-2019] Admission Time : [ 6:46 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900140056 MMW Emergency

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

Address : KALHAPUR Municipality / Village : KALHAPUR DO 000000

Police Station : West Bengal India Post Office : Birbhum PIN : 000000

State : West Bengal Nationality : India District : Muslim Religion : Muslim

Address for Communication : Marital Status : Married

Father's Name : LT TUJIRUDDIN KHAN Patient's Occupation : Husband's Name : 0000000000

Brought By : WIFE Phone / Mobile No. : UNIT-IIC(MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI

Doctor/UNIT : 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 .....