

BY YOUR PHOTO ID AT THE TIME OF ADMISSION"

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

INPATIENT HEAD TICKET
Dy. Medical College & Hospital
RAMPURHAT
(PH:0)

User Name : ipd

Patient's Name : ABDUL HANNAN **Sex :** Male **Age :** 27 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900067038 **Admission Date :** [22-07-2019] **Admission Time :** [6:50 AM] **Patient Category :** PAYING CABIN/GENERAL

Registration No. : RSHH/RG1900140058 **Emergency**
Ward. : MMW

Address : HORISHPUR **Bed No. :** **Patient Type :** OPD/ER

Municipality / Village : Muraroi **Post Office :** BHIMPUR **PIN :** 000000

Police Station : West Bengal **India** **District :** Birbhum **Religion :** Muslim

State : **Nationality :** **Religion :**

Address for Communication :

Marital Status : Married **Patient's Occupation :**

Father's Name : ALI AHAMMAD **Husband's Name :** 0000000000

Brought By : **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