

**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 :** KAZI. MARUFA KHATUN **Sex :** Female **Age :** 27 Yrs. 0 Months 0 Days

**Patient Srl. No. :** RSH/PA1900057101 **Admission Date :** [ 22-07-2019 ] **Admission Time :** [ 9:53 AM ] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RSH/RG1900140623 **Bed No. :** **Patient Type :** ORD/ERGENCY

**Ward. :** FMW

**Address :** **Municipality / Village :** SANDHYAJOLE **Post Office :** DO **PIN :** 000000

**Police Station :** TARAPITH **District :** Birbhum **Religion :** Muslim

**State :** West Bengal **Nationality :** India

**Address for Communication :**

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

**Father's Name :** **Husband's Name :** RESUL JAMAL SK

**Brought By :** DO **Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-I A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAGCHI/Dr.SK. JAHIRUL ISLAM

**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** ..... 07/22/2019 09:57

**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.