

"PLEASE SIGN YOUR NAME ON THE BOTTOM LINE 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 : MITHUN SK... **Sex :** Male **Age :** 30 Yrs. (Months) (Days)

Patient Sri. No. : RHSH/PA1900057386 **Admission Date :** [23-07-2019] **Admission Time :** [6:56 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RHSH/RG1900141642 **Ward. :** MMW **Bed No. :** **Patient Type :** Emergency OPD/ER

Address :
Municipality / Village : MONDALSHA **Post Office :** KRITTIPUR **PIN :** 000000
Police Station : Khargram **District :** Murshidabad
State : West Bengal **Nationality :** India **Religion :** Muslim

Address for Communication :

Marital Status : Married **Patient's Occupation :**
Father's Name : ANOWAR SK **Husband's Name :**
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

1 of 4
Stay in Hospital (in days) **From** to **07/23/2019 07:00**

Date and Hour of Death **at** **Hrs**