

"PLEASE SHOW YOUR PHOTO ID AT THE TIME 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 : MD EMTIAJ ALI **Sex :** Male **Age :** 35 Yrs. (Months) (Days)

Patient Sri. No. : RHSH/PA1900057423 **Admission Date :** [23-07-2019] **Admission Time :** [9:13 AM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RHSH/RG1900141823 **Bed No. :** **Patient Type :** Emergency OPD/ER
Ward. : MMW

Address :
Municipality / Village : PAKUR **Post Office :** DO **PIN :** 000000
Police Station : PAKUR **District :** Pakur
State : Jharkhand **Nationality :** India **Religion :** Muslim

Address for Communication :

Marital Status : Single **Patient's Occupation :**
Father's Name : MD. ALI ANSARI **Husband's Name :**
Brought By : DO **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA

Whether Referred From :
Provisional Diagnosis :

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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

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Stay in Hospital (in days) From to

Date and Hour of Death at Hrs

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Counter Signature of the Visiting Staff / Medical Officer
 Regn. No. *Signature of the Doctor with Designation*
 Regn. No.