

"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 AZIJUL.. Sex : Male Age : 55 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900057391 Admission Date : [23-07-2019] Admission Time : [7:07 AM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RHSH/RG1900141647 Ward. : MMW Bed No. Patient Type : OPD/ER Emergency

Address : Municipality / Village : KANDI Post Office : DO PIN : 000000
Police Station : Kandi District : Murshidabad
State : West Bengal Nationality : India Religion : Muslim

Address for Communication :

Marital Status : Married Patient's Occupation :
Father's Name : LT MUJAB SK Husband's Name :
Brought By : WIFE 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

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.