

"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 No.

Name: NIDHIR MAL Sex: Male Age: 46 Yrs. 0 Months 0 Days

Patient Srl. No.: RSHH/PA1900057585 Admission Date: [23-07-2019] Admission Time: [4:52 PM] Patient Category: PAYING/CABIN/GENERAL Free

Registration No.: RSHH/RG1900142870
 Ward: MMW

Bed No. Patient Type: OPD/ER Emergent

Address: Municipality / Village: DANGAPARA Post Office: KALUHA
 Police Station: Margram District: Birbhum PIN: 0000
 State: West Bengal Nationality: India Religion: Hindu

Address for Communication :

Marital Status: Married Patient's Occupation :
 Father's Name: LT SANASHI MAL Husband's Name :
 Brought By: WIFE Phone / Mobile No. : 0000000000

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

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 07/23/20

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.