

"BY YOUR PHOTO-ID AT THE TIME OF ADMISSION"

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 : ABDUL MATIN Sex : Male Age : 56 Yrs. Months Days

Patient Sri. No. : RHSH/PA1900057692 Admission Date : [ 24-07-2019 ] Admission Time : [ 5:32 AM ] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RHSH/RG1900142979 Ward. : MMW Bed No. Patient Type : OPD/ER Emergency

Address Municipality / Village : KAITHA Police Station : Nalhati West Bengal State : West Bengal Nationality : India Post Office : DO District : Birbhum Religion : Muslim PIN : 000000

Address for Communication : Marital Status : Single Patient's Occupation : Father's Name : ABDUL RAHAMAN 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 :

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 ..... 07/24/2019 05:3 Date and Hour of Death ..... at ..... Hrs .....