

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

BED HEAD TICKET
 Rampurhat Government Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : ipd

Patient's Name : NOOR NABI **Sex :** Male **Age :** 60 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900011111 **Admission Date :** [12-07-2019] **Admission Time :** [6:46 AM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900128728 **Emergency**

Ward. : **Bed No. :** **Patient Type :** OPD/ER

Address : **Municipality / Village :** AMBHA **Post Office :** KALUHA **PIN :** 000000

Police Station : Margram **District :** Birbhum **Religion :** Muslim

State : West Bengal **Nationality :** India **Religion :** Muslim

Address for Communication :

Marital Status : Single **Patient's Occupation :**

Father's Name : LT ABDUL RAHAMAN **Husband's Name :** 0000000000

Brought By : SON// **Phone / Mobile No. :**

Doctor/UNIT : UNIT-IIB(MEDICINE) / Dr.SUBHENDU JANA/Dr.GAUTAM GHOSH

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

Stay in Hospital (in days) **From** **to**

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