

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 : \_\_\_\_\_

Patient's Name : BANDONA DAS      Sex : Female      Age : 46 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900033900      Admission Date : [ 12-07-2019 ]      Admission Time : [ 9:21 AM ]      Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900128926      Emergency :  
 Ward. : FMW      Bed No. :      Patient Type : OPD/ER

Address :      Municipality / Village : BUJUNG      Post Office : DO  
 Nalhati      District : Birbhum      PIN : 000000  
 Police Station : West Bengal      India      Religion : Hindu  
 State :      Nationality :      Address for Communication :

Marital Status : Married      Patient's Occupation : DULAL CH DAS  
 Father's Name : DODO      Husband's Name : 0000000000  
 Brought By :      Phone / Mobile No. :  
 / Dr.SAMIR KR SINGA  
 Doctor/UNIT :  
 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 .....

07/12/2019

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

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.