

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 : JANNEKUL DAFADAR **Sex :** Male **Age :** 56 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900058699 **Admission Date :** [27-07-2019] **Admission Time :** [7:12 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900146829 **Bed No. :** **Patient Type :** OPD/ER Emergency

Ward. : MMW

Address : **Post Office :** RUDRANAGAR **PIN :** 000000

Municipality / Village : DWARIAPUR **District :** Birbhum

Police Station : Paikar PS **Religion :** Hindu

State : West Bengal **Nationality :** India

Address for Communication :

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

Father's Name : LT PANCHKARI DAFADAR **Husband's Name :**

Brought By : SON SSH **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-IC(MEDICINE) / Dr.SAMIR KR SINGA/Dr.SANJIB SIMLANDI

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 07/27/2019 07:

Date and Hour of Death at Hrs

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 Counter Signature of the Visiting Staff / Medical Officer

.....
 Signature of the Doctor with Designation
 Regn. No.