

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : jpd1

Patient's Name : KAZI MARUFA KHATUN **Sex :** Female **Age :** 26 Yrs. 0 Months 0 Days

Patient Sri. No. : RHSH/PA1900059348 **Admission Date :** [29-07-2019] **Admission Time :** [9:18 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RHSH/RG1900148380 **Ward. :** FMW **Bed No. :** **Patient Type :** OPD/ERgency

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

Address for Communication :

Marital Status : Married **Patient's Occupation :**
Father's Name : **Husband's Name :** RASUL JAMAL SK
Brought By : SELF YYHK **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-I A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAOCHI/Dr.SK. JAHIRUL ISLAM

Whether Referred From :
Provisional Diagnosis :

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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 07/29/2019 09:2
 Date and Hour of Death at Hrs

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Counter Signature of the Visiting Staff / Medical Officer
 Regn. No.

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Signature of the Doctor with Designation
 Regn. No.