

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

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

User Name : ipd

Patient's Name : AMINA BEGUM **Sex :** Female **Age :** 43 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900059446 **Admission Date :** [29-07-2019] **Admission Time :** [1:34 PM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900149468 **Ward. :** MMW

Address : **Bed No. :** **Patient Type :** OPD/ER Emergency

Municipality / Village : KARIMPUR **Post Office :** NALHATI **District :** Birbhum **Religion :** Muslim **PIN :** 000000

Police Station : Nalhati **Nationality :** India

State : West Bengal

Address for Communication : **Marital Status :** Married **Patient's Occupation :**

Brought By : SON SSH JUPJK **Husband's Name :** SAMSHUL HAQUE **Phone / Mobile No. :** 0000000000

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

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 07/29/2019 01:39 PM
 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. _____