

"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 : ipd

Patient's Name : PRADIP DAS Sex : Male Age : 52 Yrs. 0 Months 0 Days

Patient Srl. No. : RSH/PA19000 Admission Date : [12-07-2019] Admission Time : [10:42 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSH/RG1900129285 Bed No. Patient Type : OPD/ER
 Ward. : MMW Emergency

Address : RAMPURHAT Post Office : DO
 Municipality / Village : Rampurhat District : Birbhum PIN : 000000
 Police Station : West Bengal India Religion : Hindu
 State : Nationality :

Address for Communication :
 Marital Status : Single Patient's Occupation :
 Father's Name : SUNIL DAS Husband's Name : 0000000000
 Brought By : WIFE 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

1 of 4

07/12/2019 10:46

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.