

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 : ASHRU ROY. **Sex :** Male **Age :** 68 Yrs. **Months** **Days**

Patient Srl. No. : RSHH/PA1900059633 **Admission Date :** [30-07-2019] **Admission Time :** [6:56 AM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RSHH/RC1900149665
Ward. : MMW **Bed No.** **Patient Type :** OPD/ERgency

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

Address for Communication :
Marital Status : Married **Patient's Occupation :**
Father's Name : LT NEMAI ROY **Husband's Name :**
Brought By : SON **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

Stay in Hospital (in days) ^{1 of 4} **From** **to** 07/30/2019 07:00
Date and Hour of Death **at** **Hrs**