

**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 :** GENIHA BIBI . **Sex :** Female **Age :** 43 Yrs. 0 Months 0 Days

**Patient Srl. No. :** RSHH/PA1900059625 **Admission Date :** [ 30-07-2019] **Admission Time :** [ 6:22 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RSHH/RG1900149657 **Bed No. :** **Patient Type :** OPD/ERgency  
**Ward. :** FMW

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

**Address for Communication :**  
**Marital Status :** Married **Patient's Occupation :**  
**Father's Name :** **Husband's Name :** RAFIKUL HAQUE  
**Brought By :** DO **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) ..... **From** ..... **to** ..... 07/30/2019 06:2  
**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.*