

"PLEASE SHOW YOUR PHOTO 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 : BANDANA DAS . Sex : Female Age : 46 Yrs. Months Days

Patient Srl. No. : RHSH/PA1900059622 Admission Date : [30-07-2019] Admission Time : [5:59 AM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RHSH/RG1900149654 Ward. : FMW Bed No. Patient Type : OPD/ER Emergency

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

Address for Communication : Marital Status : Married Patient's Occupation :
 Father's Name : DO Husband's Name : DULAL CH. DAS
 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 06:00
 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.