

**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 : MITHUN SK. **Sex :** Male **Age :** 30 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900059631 **Admission Date :** [30-07-2019] **Admission Time :** [6:49 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900149663 **Bed No. :** **Patient Type :** OPD/ER Agency

Ward. : MMW

Address : **Municipality / Village :** MONDALSAR **Post Office :** KRITIPUR **PIN :** 000000

Police Station : Khargram **District :** Murshidabad

State : West Bengal **Nationality :** India **Religion :** Muslim

Address for Communication :

Marital Status : Married **Patient's Occupation :**

Father's Name : ANOWAR SK **Husband's Name :**

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) ^{1 of 4}

From to

Date and Hour of Death

at Hrs ..

.....
Counter Signature of the Visiting Staff / Medical Officer

.....
Signature of the Doctor with
Regn. No.