

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 : ipd1

Patient's Name : NUR NOBI Sex : Male Age : 60 Yrs. (Months) (Days)

Patient Sri. No. : RSH/PA1900059696 Admission Date : [30-07-2019] Admission Time : [9:44 AM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSH/RG1900150035 Ward. : MMW Bed No. Patient Type : OPD/ER Emergency

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

Address for Communication :
 Marital Status : Single Patient's Occupation :
 Father's Name : LTABDUR RAHAMAN Husband's Name :
 Brought By : SON Phone / Mobile No. : 0000000000

Doctor/UNIT : UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA
 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 09:49

Date and Hour of Death at Hrs

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 Counter Signature of the Visiting Staff / Medical Officer
 Regn. No.

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