DEPARTMENT OF HEALTH-AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL RED HEAD TICKET

User Name: ipd1

Signature of the Doctor with Designation

Regn. No.

Rampurhat Govt. Medical College & Hospital RAMPURHAT

RAMPURHAT (PH:0) 35 Yrs. Months Days Age: Sex: Male Patient's Name: MD EMTIAZ ALI Patient Category: PAYING/CABIN/GENERAL **Admission Time:** Admission Date: Patient Srl. No.: [9:36 AM] [30-07-2019] RHSH/PA1900059694 RHSH/RG1900149977 Registration No.: Patient Type: OPD/ERgency Bed No. MMW Ward. Address' PIN: 000000 Post Office: DO Municipality / Village: PAKLIR District: Pakur Police Station: PAKUR Muslim Nationality: India Religion: Jharkhand State: **Address for Communication:** Patient's Occupation: Marital Status: Single Husband's Name: MD ALI ANSARI Father's Name: Phone / Mobile No.:00000000000 Brought By: UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA Doctor/UNIT: Whether Referred From: Provisional Diagnosis: Signature of Admitting Officer Designation Diary No.: IPC Serial No.: Whether injury occurred Specify the place of injury Specify if it is a How injury while at work Home/Farm cause of accident/ **Occurred** Specify by Yes / No. Factory / Street / Others Suicide/Homicide (To be filled in BLOCK LETTERS at the end of Hospital Stay) Outcome: Discharaged/Left Against Medical Advice / Absconded / Referred out / Death Final Diagnosis or Injury..... (c) Principal Complications Principal Associated Diseases From ______ to ____07/30/2019 09: Stay in Hospital (in days) at Hrs Date and Hour of Death

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.