

**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 : X. FENTU SK Sex : Male Age : 37 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900051084 Admission Date : [ 03-07-2019 ] Admission Time : [ 9:16 AM ] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900117911 Bed No. Patient Type : OPD/ER  
 rd. : MMW Emergency

Address : Municipality / Village : MARGRAM Post Office : PIN :  
 Police Station : Khargram District : DO 000000  
 State : West Bengal Nationality : India Religion : Murshidabad Muslim  
 Address for Communication :

Marital Status : Patient's Occupation :  
 Marital Status : Single Husband's Name :  
 Spouse's Name : SARA SK Phone / Mobile No. : 0000000000  
 Brought By : WIFE

Attending Doctor/UNIT : Dr. GAUTAM GHOSH  
 Whether Referred From :

Provisional Diagnosis :

.....  
 Signature of Admitting Officer  
 Designation

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)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury .....

Principal Complications .....

Principal Associated Diseases .....

Admitted in Hospital (in days) ..... From ..... to ..... 07/03/2019 09:21 AM  
 and Hour of Death ..... at ..... Hrs .....

Signature of the Visiting Staff / Medical Officer  
 No.

Signature of the Doctor with Designation  
 Regn. No.