

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 : BITTU SINGH **Sex :** Male **Age :** 34 **Yrs. Months Days** 0 0

Patient Srl. No. : RSHH/PA1900051343 **Admission Date :** [04-07-2019] **Admission Time :** [6:28 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900119232 **Ward. :** MMW **Bed No. :** **Patient Type :** OPD/ER Emergency

Address : **Municipality / Village :** DACKBANGALA PARA **Post Office :** RAMPURHAT **PIN :** 000000
Police Station : Rampurhat **District :** Birbhum
State : West Bengal **Nationality :** India **Religion :** Hindu
Address for Communication :

Marital Status : Single **Patient's Occupation :**
Father's Name : KASMIR SINGH **Husband's Name :**
Brought By : DO **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-IB(MEDICINE) / PROF. MAITRYEE BANDYOPADHYAY/Dr.MD.MOBASSER HOSSAIN
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

1 of 4
Stay in Hospital (in days) **From** to **07/04/2019 06:34**
Date and Hour of Death **at** **Hrs**

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

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Signature of the Doctor with Designation
Regn. No.