

PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

Rampurhat Medical College & Hospital
BED HEAD TICKET
 RAMPURHAT
 (PH:0)

User Name : ipd

Patient's Name : RUNA KHATUN Sex : Female Age : 23 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA190001555 Admission Date : [09-07-2019] Admission Time : [1:57 PM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900125434 FMW Bed No. Patient Type : OPD/ER Emergency

Address : RAJGRAM Post Office : DO PIN : 000000
 Municipality / Village : Bararoi District : Birbhum
 Police Station : West Bengal State : India Religion : Muslim

Address for Communication :
 Marital Status : Married Patient's Occupation : KAMRUL ISLAM KKHAN
 Father's Name : DO SON Husband's Name : 0000000000
 Brought By : Phone / Mobile No. :
 UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA

Doctor/UNIT :
 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

07/09/2019 01:56

1 of 4
 Stay in Hospital (in days) From to
 Date and Hour of Death at Hrs

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

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