

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

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

User Name : ipd

Name : QUAZI GOLAM MORTUZA Sex : Male Age : 67 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900053070 Admission Date : [09-07-2019] Admission Time : [2:09 PM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900125439 MMW Emergency

Ward. : _____ Bed No. _____ Patient Type : OPD/ER

Address : MALLARPUR Post Office : MALLARPUR PIN : 000000

Municipality / Village : MALLARPUR Post Office : Birbhum District : Muslim

Police Station : West Bengal India State : _____ Nationality : _____ Religion : _____

Address for Communication : _____

Marital Status : Married Patient's Occupation : _____

Father's Name : LT QUAZI AHESAN ALI Husband's Name : 0000000000

Brought By : SON Phone / Mobile No. : _____

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

1 of 4

07/09/2019 02:0

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.