

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"
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 : ABDUL HANNAN SK **Sex :** Male **Age :** 28 Yrs. 0Months 0Days
Patient Srl. No. : RSHH/PA1900055606 **Admission Date :** [18-07-2019] **Admission Time :** [7:10 AM] **Patient Category :** PAYING/CABIN/GENERAL Free
Registration No. : RSHH/RC1900135749
Ward : MMW
Address : **Bed No. :** **Patient Type :** Emergency OPD/ER
Municipality / Village : HARISHPUR **Post Office :** BHIMPUR **PIN :** 000000
Police Station : Muraroi **District :** Birbhum **Religion :** Muslim
State : West Bengal **Nationality :** India
Address for Communication : **Religion :** Muslim
Marital Status : Single **Patient's Occupation :**
Father's Name : ALI AHAMMED **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

IC 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

1 of 4
in Hospital (in days)

From **to** 07/18/2019 07:15 AM

and Hour of Death

at **Hrs**

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

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