

"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

Name: SK SADRUL ALI Sex: Male Age: 46 Yrs. 0 Months 0 Days

Admission Date: [18-07-2019] Admission Time: [10:10 AM] Patient Category: PAYING/CABIN/GENERAL

RHSR/PA1900055003
 RHSR/RG1900136292
 No.: MMW Bed No. Patient Type: Emergency OPD/ER

Village: MELERDANCA Post Office: JIKARHATI PIN: 000000
 Burwan District: Murshidabad
 West Bengal India Religion: Muslim
 Nationality: India

Communication: Single Patient's Occupation:
 ABDU BARI Husband's Name: 0000000000
 DO Phone / Mobile No.:

UNIT-IIB(MEDICINE) / Dr.SUBHENDU JANA/Dr.GAUTAM GHOSH

Referred From:
 Diagnosis:
 Signature of Admitting Officer
 Designation

Diary No. :

Specify If it is a case 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)

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

Diagnosis or Injury.....

Complications

Associated Diseases

4 Hospital (in days) From to 07/18/2019 10:14 AM

Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
 Regn. No.