

"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 : GOPAL KUMAR BHAKAT
Sex : Male **Age :** 52 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900058788 **Admission Date :** [18-07-2019] **Admission Time :** [1:38 PM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900136841
MMW

Address :
Municipality / Village : CHATRA
Post Office : DO
Post Station : Muraroi **District :** Birbhum **Religion :** Hindu **Emergency Patient Type :** OPD/ER
State : West Bengal **Nationality :** India **Religion :** Hindu **PIN :** 000000

Address for Communication :

Marital Status : Single
Attending Physician's Name : LT NANDA BHAKAT
Admitted By : SON// **Patient's Occupation :**
Phone / Mobile No. : 0000000000

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

Other Referred From :

Additional Diagnosis :

.....
 Signature of Admitting Officer
 Designation

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)

Discharge Status : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Page of 4

Hospital (in days) **From** **to** 07/18/2019 01:45 PM

Hour of Death **at** **Hrs**

.....
 Signature of the Visiting Staff / Medical Officer

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