

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

Rampurhat Govt. Medical College & Hospital
 RAMPURHAT

User Name : ipd

Patient's Name : MR. ARUN KANTI SARKAR Sex : Male Age : 54 Yrs. 0 Months 0 Days
 Patient's No. : RSH/PA1900055791 Admission Date : [18-07-2019] Admission Time : [4:29 PM] Patient Category : PAYING/CABIN/GENERAL
 Registration No. : RSH/RG1900136894 Bed No. : Patient Type : OPD/ER
 Address : MMW Emergency :
 Locality / Village : rampurhat Post Office : PIN : 000000
 Station : Rampurhat District : do Religion : Birbhum
 West Bengal Nationality : India Religion : Hindu
 Address for Communication :
 Marital Status : Patient's Occupation :
 Patient's Name : Single Husband's Name :
 Admitted By : b.p. sarkar Phone / Mobile No. : 0000000000
 self
 Doctor/UNIT : Referred From : Dr. GAUTAM GHOSH
 Provisional 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)

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

Final Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Admitted in Hospital (In days)

From to 07/18/2019 04:33 PM

Time and Hour of Death

at Hrs

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

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

No.