

**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**GOVERNMENT OF WEST BENGAL**  
**BED HEAD TICKET**

Rampurhat Govt. Medical College & Hospital  
 RAMPURHAT  
 (PH.O)

User Name : ipd

Patient's Name : MUNSUR MIA Sex : Male Age : 65 Yrs. 0 Months 0 Days

Admission Date : [ 18-07-2019 ] Admission Time : [ 5:16 PM ] Patient Category : PAYING/CABIN/GENERAL  
 Free

Registration No.: RSHH/RG1900136910 Bed No. Patient Type : OPD/ER  
 MMW Emergency

Municipality / Village : RAGHNATHPUR Post Office : BARKEYARI PIN : 000000  
 Police Station : MAHESPUR District : Pakur  
 State : Jharkhand Nationality : India Religion : Muslim  
 Address for Communication :

Marital Status : Single Patient's Occupation :  
 Father's Name : MAHABUL SK Husband's Name :  
 Brought By : SON Phone / Mobile No. : 0000000000

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

Time of Death (in days) ..... From ..... to ..... 07/18/2019 05:19 PM

Minute and Hour of Death ..... at ..... Hrs .....

Signature of the Visiting Staff / Medical Officer  
 No.

Signature of the Doctor with Designation  
 Regn. No.