

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

Rampurhat Govt. Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : ip

Patient's Name : MR. FENTU SK **Sex :** Male **Age :** 42 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900057763 **Admission Date :** [24-07-2019] **Admission Time :** [9:47 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No.: RHSH/RG1900143449

Ward. : MMW

Bed No.

Patient Type : OPD/ERency

Address

Municipality / Village : MARCARM

Post Office : DO

PIN : 000000

Police Station : Khargram

District : Murshidabad

State : West Bengal

Nationality : India

Religion : Muslim

Address for Communication :

Marital Status : Single

Patient's Occupation :

Father's Name : SARA SK

Husband's Name :

Brought By : SON

Phone / Mobile No. 0000000000

Doctor/UNIT : / Dr.GAUTAM GHOSH

Whether Referred From :

Provisional Diagnosis :

.....
Signature of Admitting Officer
Designation

IPC 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)

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

(b) Final Diagnosis or injury.....

(c) Principal Complications

(d) Principal Associated Diseases

Stay in Hospital (In days) ^{1 of 4}

From to 07/24/2019 00

Date and Hour of Death

at Hrs

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

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