

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

Rampurhat Govt. Medical College & Hospital
 RAMPURHAT

User Name : ipd

Patient's Name : MR. BS. KABIRAJ **Sex :** Male **Age :** 50 **Yrs. Months Days** 0 0 0

Patient Srl. No. : RSHH/PA1900057791 **Admission Date :** [24-07-2019] **Admission Time :** [10:51 AM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No.: RSHH/RG1900143838 **Ward.:** MMW **Bed No.:** **Patient Type :** OPD/ER Emergency

Municipality / Village : NISCHINTAPUR **Post Office :** **PIN :** 000000
Police Station : Rampurhat **District :** RPH **Religion :** Hindu
State : West Bengal **Nationality :** India

Marital Status : Single **Patient's Occupation :**
Father's Name : LI. C.R. KABIRAJ **Husband's Name :**
Brought By : WIFE **Phone / Mobile No. :** 0000000000

Doctor/UNIT : Dr. GAUTAM CHOSH
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) **From** **to** 07/24/2019 10:50

Date and Hour of Death **at** **Hrs**

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

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Signature of the Doctor with Designation
Regn. No.