

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

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

User Name :

**PLEASE SHOW YOUR REPORT TO THE TIME OF ADMISSION**

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

Patient Srl. No. : RSHH/PA1900058757      Admission Date : [ 27-07-2019 ]      Admission Time : [ 10:28 AM ]      Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900147251      Bed No.      Patient Type : OPD/ER  
Ward. : MMW

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

Address for Communication :

Marital Status : Single      Patient's Occupation :  
Father's Name : C.R. KABIRAJ      Husband's Name :  
Brought By : WIFE      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) .....      From ..... to ..... 07/27/2019  
Date and Hour of Death .....      at ..... Hrs .....

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