

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

Rampurhat Govt. Medical College & Hospital  
 RAMPURHAT  
 (P.H.O)

User Name :

Patient's Name : MR. FENTU SK Sex : Male Age : 43 Yrs. Months 0 Days 0

Patient Srl. No. : RSHH/PA1900058727 Admission Date : [ 27-07-2019 ] Admission Time : [ 9:00 AM ] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900146864 Bed No. Patient Type : OPD/ER  
 Ward : MMW

Address Municipality / Village : MARGRAM 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) ..... From ..... to ..... 07/27/201

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.