

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

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

User Name : ipd1

Patient's Name : X. KABIR ANSARI **Sex :** Male **Age :** 64 Yrs. **Months** **Days**

Admission No. : RSHH/PA1900049939 **Admission Date :** [29-06-2019] **Admission Time :** [1:19 PM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900114416 **MMW** **Bed No.** **Patient Type :** OPD/ERgency

Locality / Village : PINALGORIA **Post Office :** DO **PIN :** 000000
Home Station : SHIKARI PARA **District :** Dumka
Address : Jharkhand **Nationality :** India **Religion :** Muslim

Address for Communication :

Marital Status : Single **Patient's Occupation :**
Attendant's Name : DILJAN MIA **Husband's Name :**
Admitted By : SON **Phone / Mobile No. :** 0000000000

Attending Doctor/UNIT : / Dr.GAUTAM GHOSH

From where 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

1 of 4
in Hospital (in days)

From **to** 06/29/2019 01:24 PM

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

.....
Signature of the Visiting Staff / Medical Officer
 n. No.

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