

"PLEASE SHOW YOUR PHOTO IDENTIFICATION CARD AT THE TIME OF ADMISSION"

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 : NIDHIR MAL **Sex :** Male **Age :** 46Yrs. **Months** **Days**

Registration No. : RHSH/PA1900047387 **Admission Date :** [21-06-2019] **Admission Time :** [10:24 AM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RHSH/RG1900104682 **Bed No.** **Patient Type :** OPD/ER
Emergency

Address : **Post Office :** KALHUA **PIN :** 000000
 Locality / Village : DANGAPARA **District :** Birbhum
 Margram **Religion :** Hindu
 West Bengal **Nationality :** India

Occupation : **Phone / Mobile No. :** 0000000000
Marital Status : Single **Husband's Name :**
Attended By : LT SANSI MAL **Signature :**
 SON SOAN

Referring Doctor/UNIT : / Dr.S.SIMDANDI
Other Referred From :
Additional 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
 Stay in Hospital (in days)

From to 06/21/2019 10:29 AM

Time and Hour of Death

at Hrs

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

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