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

"ADMISSION"

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

User Name : ipd

Patient's Name : RUNA BIBI **Sex :** Female **Age :** 24 **Yrs.** 0 **Months** 0 **Days**

Patient Srl. No. : RHSH/PA1900051349 **Admission Date :** [04-07-2019] **Admission Time :** [6:56 AM] **Patient Category : PAYING/CABIN/GENERAL** Free

Registration No.: RHSH/RG1900119238
Ward. : FMW **Bed No.** **Patient Type : OPD/ER** Emergency

Address
Municipality / Village : RAJGRAM **Post Office :** DO **PIN :** 000000
Police Station : Muraroi **District :** Birbhum
State : West Bengal **Nationality :** India **Religion :** Muslim
Address for Communication :

Marital Status : Married **Patient's Occupation :**
Father's Name : **Husband's Name :** KAMRUL ISLAM
Brought By : DO/ **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-IB(MEDICINE) / PROF. MAITRYEE BANDYOPADHYAY/Dr.MD.MOBASSER HOSSAIN
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 : Discharaged/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 07/04/2019 07:02

Date and Hour of Death ..... at ..... Hrs .....

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