

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 : MD KHAZEMUDDIN **Sex :** Male **Age :** Yrs. 59 Months 0 Days 0

Patient Sri. No. : **Admission Date :** **Admission Time :** **Patient Category :** PAYING/CABIN/GENERAL

RHSH/PA1900050033 [29-06-2019] [6:05 PM] Free

Registration No. : RHSH/RG1900114511 **Bed No. :** **Patient Type :** OPD/ER

Address : **Emergency :**

Municipality / Village : MURARAI **Post Office :** **PIN :** 000000

Police Station : Muraroi **District :** DO **Religion :** Muslim

State : West Bengal **Nationality :** India

Address for Communication :

Marital Status : Single **Patient's Occupation :**

Spouse's Name : KHAZEMUDDIN **Husband's Name :**

Brought By : SON **Phone / Mobile No. :** 0000000000

Attending Doctor/UNIT : / Dr. ANANDA MONDAL

Whether 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

Stay in Hospital (in days)

From **to** 06/29/2019 06:11 PM

Time and Hour of Death

at **Hrs**

.....
Signature of the Visiting Staff / Medical Officer

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