## DEPARTMENT OF WEST BENGAL BED HEAD TICKET

User Name : ipd1 Rampurhat Govt. Medical College & Hospital RAMPURHAT (PH:0) Months Days Vrs. Age: Sex: nt's Name: X SANATAN SOREN Patient Category: PAYING/CABIN/GENERAL Admission Time: **Admission Date:** nt Srl. No.: Free [ 10:33 AM] [ 10-07-2019] RHSH/PA1900053223 Patient Type : OPD/ER stration No.: RHSH/RG1900126373 Bed No. MMW PIN: Post Office: 000000 icipality / Village: DO HIRANPUR District: e Station: Pakur Nationality: India Religion: Hindu Jharkhand s for Communication: Patient's Occupation: al Status: Husband's Name: Single er's Name: SAMAYEL SOREN Phone / Mobile No.: 00000000000 aht By: SON / DrGAUTAM GHOSH tor/UNIT: visional Diagnosis: Signature of Admitting Officer Designation Diary No.: Serial No.: Whether injury occurred Specify the place of injury Specify if it is a while at work How injury Home/Farm cause of accident/ Occurred Specify by Yes / No. Factory / Street / Others Suicide/Homicide (To be filled in BLOCK LETTERS at the end of Hospital Stay) Outcome: Discharaged/Left Against Medical Advice / Absconded / Referred out / Death Final Diagnosis or Injury.... Principal Complications ..... Principal Associated Diseases ..... tay in Hpspftat (in days) ..... at ...... Hrs ..... ate and Hour of Death .....

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation Regn. No.