

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

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

User Name : ipd1

Patient's Name : JANNEKUL DAFADAR **Sex :** Male **Age :** 56 **Yrs.** 0 **Months** 0 **Days** 0

Patient Sri. No. : RSHH/PA1900053307 **Admission Date :** [10-07-2019] **Admission Time :** [1:52 PM] **Patient Category :** PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RC1900127183 **Bed No.** **Patient Type :** OPD/ER Emergency

Ward. : MMW

Address

Municipality / Village : DARIYAPUR **Post Office :** DO **PIN :** 000000

Police Station : Paikar PS **District :** Birbhum

State : West Bengal **Nationality :** India **Religion :** Muslim

Address for Communication :

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

Father's Name : Single **Husband's Name :**

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

Doctor/UNIT : / Dr.GAUTAM GHOSH

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 : Discharged/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 07/10/2019 02

Date and Hour of Death at Hrs

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

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