

PLEASE SHOW YOUR PHOTO ID 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

Name : SAFIUR RAHAMAN Sex : Male Age : 34 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900055066 Admission Date : [25-07-2019] Admission Time : [10:03 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RC1900144914 Bed No. Patient Type : OPD/ER
 Ward. : MMW Emergency

Address : MURCHA Post Office : SAHISHERRPUR PIN : 000000
 Municipality / Village : Khargram District : Murshidabad
 Police Station : West Bengal Religi n : Muslim
 State : India Nationality : India

Address for Communication :

Marital Status : Single Patient's Occupation :
 Father's Name : MOSLEUDDIN Husband's Name : 0000000000
 Brought By : DO Phone / Mobile No. :

Doctor/UNIT : UNIT-IIB(MEDICINE) / Dr.SUBHENDU JANA/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

1 of 4

Stay in Hospital (in days) From to

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.

07/25/2019 10:00