

"WITH YOUR PHOTO ID AT THE TIME OF ADMISSION"  
**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 : ABDUL HAKIM Sex : Male Age : 62 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900050147 Admission Date : [ 25-07-2019 ] Admission Time : [ 1:41 PM ] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900145521  
 MMW

Ward : Bed No. Patient Type : OPD/ER Emergency

Address : Municipality / Village : BARA  
 Police Station : Nalhati West Bengal India  
 State : West Bengal Nationality : India  
 Post Office : DO Birbhum PIN : 000000  
 District : Muslim  
 Religion :

Address for Communication :

Marital Status : Single Patient's Occupation :  
 Father's Name : LT ABDUL LOTIB Husband's Name : 0000000000  
 Brought By : SON WIFE Phone / Mobile No. :

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

Whether Referred From :

Provisional Diagnosis :

.....  
 Signature of Admitting Officer  
 Designation

PC 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 .....

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Stay in Hospital (in days) ..... From ..... to ..... 07/25/2019 01:45 PM

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

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation