

Rampurhat Govt. Medical College & Hospital  
 RAMPURHAT

User Name : ipd

Patient's Name : JULIUS K Sex : Male Age : 55 Yrs. 0 Months 0 Days

Patient Srl. No. : Admission Date : [ 01-07-2019 ] Admission Time : [ 9:07 AM ] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSH/PA1900050480 Ward. : RSH/RC1900115047 Bed No. : Patient Type : OPD/ER  
 Address : MMW

Municipality / Village : SAGRAMPUR Post Office : District : DO PIN : 000000  
 State : Jharkhand Nationality : India Religion : Pakur Muslim

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

Doctor/UNIT : / Dr.S.SIMDANDI  
 Whether Referred From :  
 Provisional Diagnosis :

Signature of Admitting Officer  
 Designation

C 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 .....

In Hospital (in days) ..... From ..... to ..... 07/01/2019 09:12 AM  
 and Hour of Death ..... at ..... Hrs .....

Signature of the Visiting Staff / Medical Officer  
 No.

Signature of the Doctor with Designation  
 Regn. No.