

"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

Patient's Name : ASHRU ROY Sex : Male Age : 68 Yrs. Months Days

Patient Srl. No. : RHSH/PA1900047298 Admission Date : [21-06-2019] Admission Time : [6:40 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RG1900104250 Bed No. Patient Type : OPD/ER
 Ward : MMW Emergency

Address : HOSPITAL PARA
 Municipality / Village : Rampurhat Post Office : RAMPURHAT PIN : 000000
 Police Station : West Bengal District : Birbhum
 Nationality : India Religion : Hindu

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

Attending Doctor/UNIT : / Dr:GAUTAM GHOSH

Whether Referred From :

Provisional Diagnosis :

.....
 Signature of Admitting Officer
 Designation

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

1 of 4

in Hospital (in days) From to 06/21/2019 06:44 AM

and Hour of Death at Hrs

.....
 Signature of the Visiting Staff / Medical Officer
 n. No.

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