

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

Rampurhat Govt. Medical College & Hospital
RAMPURHAT

User Name : ipd

Patient's Name : X. SANJIB MONDAL (PH:0) **Sex :** Male **Age :** 39 **Yrs. Months Days :** 0 0 0
Admission Date : [03-07-2019] **Admission Time :** [9:42 AM] **Patient Category :** PAYING/CABIN/GENERAL
Registration No. : RSHH/PA1900051091 **Bed No. :** Free **Patient Type :** OPD/ER
Emergency : RSHH/RG1900118135 **MMW :** **Post Office :** **PIN :** 000000
Locality / Village : HORIOKA **Post Office :** **District :** DO **Religion :** Hindu
Address : Nalhati **Nationality :** India **Phone / Mobile No. :** 0000000000
Address for Communication : West Bengal
Marital Status : Single **Occupation :**
Admitted By : BISWAJIT MONDAL **Husband's Name :**
Referring Doctor / UNIT : DEBGAUTAM GHOSH **Phone / Mobile No. :** 0000000000
Referral Diagnosis :

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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. |
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(To be filled in BLOCK LETTERS at the end of Hospital Stay)

Discharge Status : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Referral Diagnosis or Injury

Principal Complications

Principal Associated Diseases

Admission Date (in days) **From** **to** 07/03/2019 09:47 AM
Hour of Death **at** **Hrs**

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Signature of the Visiting Staff / Medical Officer

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Signature of the Doctor with Designation
Regn. No.