

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

Rampurhat Govt. Medical College & Hospital
 RAMPURHAT
 (PH:0)

User Name : ipd

Patient's Name : NIDIR MAL **Sex :** Male **Age :** 46 **Yrs.** 0 **Months** 0 **Days**

Patient Srl. No. : RHSH/PA1900051730 **Admission Date :** [05-07-2019] **Admission Time :** [10:55 AM] **Patient Category :** PAYING/CABIN/GENERAL
 Free

Registration No. : RHSH/RG1900121066 **Ward. :** MMW **Bed No. :** **Patient Type :** OPD/ERency

Address :
Municipality / Village : DANGAPARA **Post Office :** KALUHA **PIN :** 000000
Police Station : Margram **District :** Birbhum
State : West Bengal **Nationality :** India **Religion :** Hindu
Address for Communication :

Marital Status : Single **Patient's Occupation :**
Father's Name : LT SANNASI MAL **Husband's Name :**
Brought By : SON SOBN **Phone / Mobile No. :** 9000000000

Doctor/UNIT : / Dr.SAMIR KR SINGA
Whether Referred From :
Provisional Diagnosis :

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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

Stay in Hospital (in days) **From** **to** 07/05/2019 11:00
Date and Hour of Death **at** **Hrs**

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Counter Signature of the Visiting Staff / Medical Officer
 Regn. No.

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Signature of the Doctor with Designation
 Regn. No.