

"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 : PRADIP DAS Sex : Male Age : 50 Yrs. Months Days

Admission No. : RSHH/PA1900017400 Admission Date : [21-06-2019] Admission Time : [11:04 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900104823
 MMW Bed No. Patient Type : OPD/ER Emergency

Address : RAMPURHAT
 Rampurhat Post Office : DO
 West Bengal District : Birbhum PIN : 000000
 India Nationality : Religion : Hindu

Address for Communication :
 Marital Status : Single Patient's Occupation :
 Father's Name : LT SUNIL DAS Husband's Name : 0000000000
 Registered By : SON Phone / Mobile No. :

Attending Doctor/UNIT : / Dr.S.SIMDANDI

From where 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

Admission in Hospital (in days) From to

Time and Hour of Death at Hrs

Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation
 Regn. No.