

"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 : ipd

Patient's Name : PRANAB KR MONDAL Sex : Male Age : 44 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900051807 Admission Date : [05-07-2019] Admission Time : [2:24 PM] Patient Category : PAYING/CABIN/GENERAL
Free

Registration No. : RSHH/RG1900121384
Ward : MMW

Address : _____ Bed No. _____ Patient Type : OPD/ER Emergency

Municipality / Village : KASTAGARA Post Office : DO
Police Station : Rampurhat District : Birbhum PIN : 000000
State : West Bengal Nationality : India Religion : Hindu

Address for Communication : _____
Marital Status : Single Patient's Occupation :
Father's Name : LT GANGA NARAYAN MONDAL Husband's Name :
Brought By : SON Phone / Mobile No. : 0000000000

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

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

1 of 4
Stay in Hospital (In days) From to 07/05/2019 02:30

Date and Hour of Death at Hrs

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

Signature of the Doctor with Designation
Regn. No.