

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"

DEPARTMENT OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

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

User Name : ipd1

Patient's Name : JAHAR BHATTACHARYA Sex : Male Age : 60 Yrs. 0 Months 0 Days

Patient Sri. No. : RSHH/PA1900015005 Admission Date : [10-07-2019] Admission Time : [5:38 PM] Patient Category : PAVING/CABIN/GENERAL

Registration No. : RSHH/RG1900127232
MMW Bed No. Patient Type : OPD/ER Emergency

Address : KALITHA
Municipality / Village : Kalhati
Post Office : DO
District : Birbhum
Religion : Hindu
Nationality : India
PIN : 000000

Address for Communication :

Marital Status : Single
Patient's Occupation :
Father's Name : LT MATILAL BHATTACHARYA
Husband's Name : 0000000000
Mother's Name : SON
Phone / Mobile No. :
Admitted By : UNIT-IB(MEDICINE) / PROF. MAITRYEE BANDYOPADHYAY/Dr.MD.MOBASSER HOSSAIN

Attending Doctor/UNIT :

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

07/10/2019 05:43 PM

Stay in Hospital (in days) From to

Date and Hour of Death at Hrs

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

Signature of the Doctor with Designation
Regn. No.