## DEPARTMENT OF HEALTH AND FAMILY WELFARE "PLEOVERNMENT OF WEST BENGAL TIME OF ADMISSION" BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital RAMPURHAT User Name : ipd

		(PH.0)	Section Commission Com
me:		Sex:	Age: Yrs. Months Days
X DUKHUHARAN I	SSION Date :	Admission Time :	Patient Category: PAYING/CABIN/GENERAL
No.: Admi		[ 9:51 AM]	Free
No.: RHSH/RG19001434		Bed No.	Patient Type : OPD/ER Emergency
y / Village: suyASHA Rampurhat West Bengal r Communication:	Nationality: India	Post Office:  District:  Birbhu  Religion:  Hindu	PIN: 0000000 m
tus: Single LT. SOSTI LET SO		Patient's Occupation : Husband's Name : Phone / Mobile No.	
IT: Referred From:	osh .		
Diagnosis :			Signature of Admitting Officer Designation
No.:	Diary No.:		
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place Home/Far Factory / Street	m While at work
	(To be filled in BLOCK I	LETTERS at the end of Hospital Sta	ау)
come : Discharaged/Left Agai	nst Medical Advice / Absconde	ed / Referred out / Death	
Diagnosis or Injury			
	***************************************	***************************************	
cipal Complications			
ipal Complications	***************************************		
ipal Complications	,		
cipal Complications	,		
ncipal Associated Diseases Hospitali (in days)	,	From	to07/24/20

legn. No.