

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 : KHAIRUNNESHA BIBI Sex : Female Age : 52 Yrs. 0 Months 0 Days

Admission No. : RSH/PA1900051899 Admission Date : [05-07-2019] Admission Time : [8:31 PM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSH/RG1900121476 Bed No. Patient Type : Emergency OPD/ER FMW

Post Office : DO PIN : 000000
 District : Dumka
 Religion : Muslim
 Nationality : India

Locality / Village : PENALGORA
 Station : SHIKARI PARA
 State : Jharkhand

Address for Communication :

Marital Status : Married

Attending Physician's Name : DO
 Admitted By : DO

Patient's Occupation :
 Husband's Name : ABDUL HAMID
 Phone / Mobile No. : 0000000000

Attending Physician / UNIT : / Dr.SAMIR KR SINHA

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

1 of 4
 Stay in Hospital (in days) From to 07/05/2019 08:37 PM

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.