

"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 : KAZI MARUFA KHATUN **Sex :** Female **Age :** 26 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900033302 **Admission Date :** [11-07-2019] **Admission Time :** [10:20 AM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RHSH/RC1900127795 **Emergency**
Ward. : FMW **Bed No. :** **Patient Type :** OPD/ER

Address : SANDHYAJOLE **Post Office :** DO
 PARAPITH **District :** Birbhum **PIN :** 000000
Police Station : West Bengal **Nationality :** India **Religion :** Muslim
State :

Address for Communication :
Marital Status : Married **Patient's Occupation :**
Father's Name : SSH DO **Husband's Name :** RASUL JAMAL SK
Brought By : **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-IIB(MEDICINE) / Dr.SUBHENDUJANA/Dr.GAUTAM GHOSH
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 **07/11/2019 10:24**
Date and Hour of Death **at** **Hrs**

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

.....
Signature of the Doctor with Designation
Regn. No.