

"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 : ASHOK MAL **Sex :** Male **Age :** 52 Yrs. 0 Months 0 Days

Admission No. : RSHH/PA190003331 **Admission Date :** [11-07-2019] **Admission Time :** [11:54 AM] **Patient Category :** PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900128394 **Emergency Patient Type :** OPD/ER

Post Office : DO **PIN :** 000000
District : Birbhum **Religion :** Hindu
Nationality : India

Address for Communication :
Place : MURAROI
Post Office : DO
District : Birbhum
Religion : Hindu
Emergency Patient Type : OPD/ER

Marital Status : Married **Patient's Occupation :**
Spouse's Name : LT BIKASHMAL **Husband's Name :** 0000000000
Admitted By : SON **Phone / Mobile No. :**
Attending Doctor/UNIT : UNIT-II(B(MEDICINE) / Dr.SUBHENDU JANA/Dr.GAUTAM GHOSH

.....
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)

07/11/2019 11:58 AM
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.