

"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 : OBAIDUR RAHAMAN Sex : Male Age : 26 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900000000 Admission Date : [12-07-2019] Admission Time : [12:23 PM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RHSH/RC1900129592 Bed No. Patient Type : OPD/ER
 Ward : MMW Emergency

Address : BELDANGA Post Office : DO
 Municipality / Village : Beldanga District : Murshidabad PIN : 000000
 Police Station : Beldanga West Bengal India Religion : Muslim
 State : West Bengal Nationality : India

Address for Communication :
 Marital Status : Single Patient's Occupation :
 Father's Name : YEAR MD Husband's Name : 0000000000
 Brought By : DODO Phone / Mobile No. :
 Doctor/UNIT : / Dr.SAMIR KR SINCA
 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
 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.