DEPARTMENTS OF HEALTH AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL **BED HEAD TICKET**

Rampurhat Govt. Medical College & Hospital

User Name : ipd

RAMPURHAT Days Months Yrs. Age: Sex: Patient Category: PAYING/CABIN/GENERAL Patient's Name: X. MD EMTIAZ ALI **Admission Time:** Admission Date: [1:07 PM] Patient Srl. No.: [20-07-2019] RHSH/PA1900056458 Patient Type: OPD/ER ency Registration No.: RHSH/RG1900139475 Bed No. : MMW PIN: Ward. 000000 Post Office: Address Municipality / Village: District: Pakur Muslim Religion: Police Station: Nationality: India Iharkhand State: Address for Communication: Patient's Occupation: Husband's Name: Marital Status: Single Phone / Mobile No. :00000000000 Father's Name: ALI ANSARI Brought By: WIFE Drgautam Ghosh Doctor/UNIT: Whether Referred From: Signature of Admitting Officer Provisional Diagnosis: Designation Diary No.: Whether injury occurred IPC Serial No.: Specify the place of injury while at work Home/Farm Specify if it is a How injury Specify by Yes / No. Factory / Street / Others cause of accident/ **Occurred** Suicide/Homicide (To be filled in BLOCK LETTERS at the end of Hospital Stay) (a) Outcome : Discharaged/Left Against Medical Advice / Absconded / Referred out / Death (b) Final Diagnosis or Injury..... (c) Principal Complications (d) Principal Associated Diseases Stay in Hospital (in days) atHrs Date and Hour of Death Signature of the Doctor with Design Counter Signature of the Visiting Staff / Medical Officer Rean. No.

Regn. No.