

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
BED HEAD TICKET**

Rampurhat Govt. Medical College & Hospital
RAMPURHAT
(P.H.O)

User Name : ip

Patient's Name : ARUN KANTI SARKAR **Sex :** Male **Age :** 54 **Yrs.** 0 **Months** 0 **Days** 0

Patient Sri. No. : RSH/PA1900054150 **Admission Date :** [13-07-2019] **Admission Time :** [4:02 PM] **Patient Category :** PAYING/CABIN/GENERAL
Free

Registration No. : RSH/RG1900130702 **Bed No.** **Patient Type :** OPD/ER
Emergency

Ward. : MMW

Address : **Post Office :** **PIN :** 000000

Municipality / Village : RAMPURHAT **District :** DO Birbhumi **Religion :** Hindu

Police Station : Rampurhat **Nationality :** India

State : West Bengal

Address for Communication : **Religion :** Hindu

Marital Status : Single **Patient's Occupation :**

Father's Name : BARADA SARKAR **Husband's Name :**

Brought By : SON **Phone / Mobile No. :** 0000000000

Doctor/UNIT : UNIT-II(C(MEDICINE)) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI

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

Stay in Hospital (in days) From to 07/13/2019 04:00

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.