

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

Rampurhat Govt. Medical College & Hospital
RAMPURHAT
(PH:0)

User Name

Patient's Name : ABDUL HAKIM Sex : Male Age : 50 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA1900054139 Admission Date : [13-07-2019] Admission Time : [3:33 PM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RC1900130691
Ward. : MMW

Address _____ Bed No. _____ Patient Type : OPD/ERgency

Municipality / Village : LOHAPUR
Police Station : Nalhati Post Office : DO
State : West Bengal District : Birbhum PIN : 000000
Nationality : India Religion : Muslim

Address for Communication :

Marital Status : Single Patient's Occupation :
Father's Name : LT ABDUL LATIB Husband's Name :
Brought By : SON Phone / Mobile No. : 0000000000

Doctor/UNIT : UNIT-IIC(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 03:
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.