

**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 :** RUNA KHATUN **Sex :** Female **Age :** 24 **Yrs.** 0 **Months** 0 **Days**

**Admission No. :** RSHH/PA1900056523 **Admission Date :** [ 20-07-2019] **Admission Time :** [ 5:02 PM] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RSHH/RG1900139543  
**Specialty :** FMW

**Bed No.** **Patient Type :** OPD/ERgency

**Municipality / Village :** RAJGRAM  
**Post Office :** Muraroi  
**District :** West Bengal  
**Address for Communication :**

**Nationality :** India

**Post Office :** DO  
**District :** Birbhum  
**Religion :** Muslim  
**PIN :** 000000

**Marital Status :** Married

**Patient's Occupation :**

**Attending Doctor's Name :** DO//

**Husband's Name :** KAMRUL ISLAM KHAN  
**Phone / Mobile No. :** 0000000000

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

**Other Referred From :**

**Additional Diagnosis :**

.....  
*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** .....

**Length of Stay (in days)** .....

**From** ..... **to** ..... 07/20/2019 05:07 PM

**Time and Hour of Death** .....

**at** ..... **Hrs** .....

.....  
*Signature of the Visiting Staff / Medical Officer*  
 No.

.....  
*Signature of the Doctor with Designation*  
 Regn. No.