

"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 : MIR AKSARUL SK Sex : Male Age : 21 Yrs. 0 Months 0 Days

Patient Srl. No. : RSHH/PA190005352 Admission Date : [11-07-2019] Admission Time : [11:55 AM] Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSHH/RG1900128401
 MMW

Ward. : Bed No. Patient Type : OPD/ER Emergency

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

Address for Communication :

Marital Status : Single Patient's Occupation :
 Father's Name : KHODA BOX Husband's Name :
 Brought By : DO Phone / Mobile No. : 0000000000

Doctor/UNIT : UNIT-II(B(MEDICINE)) / Dr.SUBHENDU JANA/Dr.GAUTAM GHOSH

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