

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE**

U-J (med)

North Bengal Medical College and Hospital
Darjeeling (Siliguri), West Bengal, PIN-734012
(PH:03532585483)

09 Mon / Thursday

Discharge Certificate / Left Against Medical Advice

Page No.: I

Discharge No. : _____ Date of Discharge : *09/02/19* Time : _____ Patient Category : Free / Paying / Cabin

Patient Name : TEJKUMAR DUNG DUNG Male 58 0 0
NBMC/PA1900008313 NBMC/RG1900056681 Sex: Age: Yrs.: Months Days
[04-02-2019] [1.00 PM]

Patient SRI. No.: _____ Patient Registration No.: _____ Admission Date : _____
Address : SHANTI COLONY, 208 B, QATER, NO. ALIPURDUAR

Municipality / Village : Alipurduar P.S. Post Office : ALIPURDUAR
Police Station : West Bengal India District : Hindu
State : EGNUSH DUNG DUNG Religion : _____
Father's Name : IA / Dr. DEBASISH CHAKRABARTY / Dr. ROBERT Husband's Name : 0000000000
Doctor / Unit : ACHIKARY / Dr. BAPI LAL BALA / Dr. A N ROY Phone / Mobile No. : _____
Bed No. : _____ Bed Type : Free Ward Name : MM II

Final Diagnosis : *CKD on MAD (ICD10:- N18.9)*

Referred Out Case

Referred to : _____ Date : _____ Time : _____ Reason : _____

A. In case of Confinement
Delivery Date & Time : _____ Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps
Delivery Status : _____ No. of Child : _____ Antenatal Care Taken : Yes / No

B. In case of Surgery
Surgery Date & Time : _____ Type of Surgery : _____ Details of Baby
Surgery Status : _____ Birth Date : _____ Birth Time : _____
Disc No. : _____ Sex : _____
Birth Wt. : _____

C. Anesthesia Details : _____ Advice for Baby

D. Investigation Done
Test Name : _____ Comments : _____

E. Medicine Details
Medicine Name : _____ No. of Days : _____ Comments : _____

F. ADVICE
Adv
- Salt restricted Renal Diet.
- T. Kersix (40) 1nb OD X 20 days.
- T. Calcium carbonate (600) 1nb OD X 1m.
- T. Calcium acetate (667)
- T. Sodium bicarbonate (Nudaris) (500mg) 1nb OD X 15 days.

Baby Checked and Discharged.....
Signature : _____
Date : 02/04/2019 Time : 01:07 PM

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Counter Signature of the Visiting Staff

Signature of the Medical Officer

1nb TDS at 11.00 AM
- T. IFA 1nb OD X 1m.
- 2g. Desbuprotine (40) S/C once weekly at
- to attend Hemodialysis Unit at any District Hospital @ B2 NBMC