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Discharge Certificate / Left Against Medical Advice

Discharge No. : \_\_\_\_\_ Date of Discharge : 10/10/18  
 Patient Name : \_\_\_\_\_ Patient Category : Free / Paying / Cabin

Patent No. : \_\_\_\_\_ Patient Registration No. : \_\_\_\_\_  
 Address : \_\_\_\_\_ Admission Date : \_\_\_\_\_

Municipality / Village : \_\_\_\_\_  
 Police Station : \_\_\_\_\_  
 State : \_\_\_\_\_  
 Father's Name : \_\_\_\_\_  
 Doctor/Unit : \_\_\_\_\_  
 Bed No. : \_\_\_\_\_  
 Final Diagnosis : \_\_\_\_\_  
 Referred To : \_\_\_\_\_  
 Referred Out Case : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Reason : \_\_\_\_\_

A. Delivery Date & Time : \_\_\_\_\_  
 Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps  
 No. Of Child : \_\_\_\_\_  
 In case of Surgery : \_\_\_\_\_  
 Type of Surgery : \_\_\_\_\_  
 Surgery Status : \_\_\_\_\_  
 Surgery Date & Time : \_\_\_\_\_  
 Details of Baby : \_\_\_\_\_  
 Birth Date : \_\_\_\_\_  
 Disc No. : \_\_\_\_\_  
 Birth Wt. : \_\_\_\_\_  
 Sex : \_\_\_\_\_

C. Anesthesia Details : \_\_\_\_\_  
 Investigation Done : \_\_\_\_\_  
 Comments : \_\_\_\_\_  
 Test Name : \_\_\_\_\_  
 D. Test Name : \_\_\_\_\_  
 Investigation Done : \_\_\_\_\_  
 Comments : \_\_\_\_\_  
 E. Medicine Name : \_\_\_\_\_  
 No. of Days : \_\_\_\_\_  
 Comments : \_\_\_\_\_  
 Medicine Details : \_\_\_\_\_

F. \_\_\_\_\_  
 Rhumatology Consultation  
 Orthopedic Consultation  
 Advice : \_\_\_\_\_

Baby Checked and Discharged : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Time : \_\_\_\_\_

Counter Signature of the Visiting Staff

Signature of the Medical Officer