

DISCHARGE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

Attch in any page must for the

11, Eight Road, Howrah - 700 028
 P.S. : Kolkata - 700 028

Page No. : 1

Discharge Certificate/Left Against Medical Advice

Discharge No. : _____ Date of Discharge : 6/02/19 Time : Any Patient Category : Free / Paying / Cabin

Patient Name : _____ Sex : Male Age : 25 Yrs. Months Days : 0 0 0

Patient Srt. No. : _____ Patient Registration No. : _____ Admission Date : _____

Address : _____ Municipality / Village : _____

Police Station : _____ State : _____

Father's Name : _____ Nationality : _____

Doctor/Unit : _____ Bed No. : _____

Final Diagnosis : CKD

Referred To : _____ Date : _____ Reason : _____

A. Delivery Date & Time : _____ Mode Of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps

B. Surgery Date & Time : _____ In case of Surgery : _____

C. Anesthesia Details : _____

D. Investigation Done : _____

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

F. Test Name : _____ Comments : _____

G. Advice for Baby : _____

H. Details of Baby : _____

I. Birth Date : _____ Birth Time : _____ Sex : _____

J. Birth Wt. : _____ Disc No. : _____

K. Baby Checked and Discharged : _____ Signature : _____ Time : _____

L. Counter Signature of the Visiting Staff : _____

M. Signature of the Medical Officer : _____

2 HD. Dose form here

1) Top - Amlo(s) 10 x cont
 2) Top - BC - 10 x 1 cont
 3) Top - IFA - 10 x 1 cont

1) Top - NORDOSY (500) 1 x 1 cont
 2) Top - NORDOSY (500) 1 x 1 cont
 3) Top - NORDOSY (500) 1 x 1 cont

Medicine Name : Rem Det
 No. of Days : _____

Investigation Done : _____

Advice for Baby : _____

Birth Date : _____ Birth Time : _____ Sex : _____

Birth Wt. : _____ Disc No. : _____

Baby Checked and Discharged : _____ Signature : _____ Time : _____

Counter Signature of the Visiting Staff : _____

Signature of the Medical Officer : _____