

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE

GM 4,
Weds. Thursday.

Discharge Certificate/Left Against Medical Advice Page No. : 1
AJC Bose Road Kolkata-20 (PH)

Discharge No. _____ Date of Discharge 9/5/19 Time : _____ Patient Category : Free/Paying/Cabin

Patient Name _____ Sex : _____ Age : _____ Yrs. Months Days

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

Address : _____ Post Office : _____ [25-04-2019] [12:02 PM]

Municipality / Village _____ District : _____

Police Station _____ Religion : _____

State _____ Nationality : _____

Father's Name _____ Husband's Name : _____

Doctor/Unit _____ West Bengal _____ Phone/Mobile No. _____

Bed No. _____ Bed Type : _____ Ward Name : _____

Final Diagnosis : _____ Referred Out Case _____

Referred To : Nephrology 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 : _____ Anesthesia Details _____ Birth Date : _____ Birth Time _____

Disc No. : _____ Sex : _____

C. _____ Investigation Done _____ Birth Wt. : _____

D. _____ Test Name _____

E. _____ Medicine Name _____

F. _____

Ref to Nephrology obs

Signature of the Medical Officer _____

Signature of the Visiting Staff _____

Date : _____ Time : _____

04/25/2019 12:10 PM

1 of 4

Counter Signature of the Visiting Staff _____

Signature of the Medical Officer _____

Date : _____ Time : _____

04/25/2019 12:10 PM

1 of 4

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