

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

01/18
Mm / Jan

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

Discharge Certificate/Left Against Medical Advice

Page No.: I

Discharge No. : _____ Date of Discharge: 23/4/19 Time: _____ Patient Category: Free / Paying / Cabin

Patient Name : PREM KR. TAMANG Sex: Male Age: 67 Yrs.: 0 Months 0 Days
NBMC/PA1900025214 NBMC/RG1900175595 [18-04-2019] [7:28 PM]

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

Address : KURSEONG Post Office: Darjeeling
Municipality / Village : _____ District: Hindu
Police Station : West Bengal India

State : _____ Nationality : _____ Religion : _____
Father's Name : T KRIPA SINGH TAMANG Husband's Name : _____
Doctor/Unit : Dr. ACHINTYA NARAYAN ROY / Dr. BAPI LAL Phone/Mobile No. : 0000000000
Bed No. : PUTTA Bed Type : _____ Ward Name : MM II

Final Diagnosis : CKD EDME CHF Free

Referred To : _____ Referred Out Case 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 _____
Surgery Status : Adv

Anesthesia Details		Details of Baby	
<u>N/A</u>	<u>tab IFA - 1 tab OD x cont</u>	Birth Date :	Birth Time :
<u>N/A</u>	<u>tab Naltrexone (100) - 1 tab BD x cont.</u>	Disc No. :	Sex :
<u>N/A</u>	<u>tab (Cal + vit D3) - 1 tab OD x cont.</u>	Birth Wt. :	

D. _____ Investigation Done
Test Name _____ Comments _____

Medicine Details		Advice for Baby
Medicine Name	No. of Days	
<u>N/A</u>	<u>tab furosemide (40) - 1 tab BD x cont</u>	<u>HS -> 12.4</u> <u>CR -> 6.3</u>
<u>N/A</u>	<u>tab atorvastatin (20) - 1 tab OD HS x cont</u>	
<u>N/A</u>	<u>tab Amlo dipine (5) - 1 tab OD x cont</u>	

Medicine Name	No. of Days	Comments
<u>Atorvastatin</u>	<u>4 days</u>	<u>Siliguri STD for maintenance hemodialysis - A</u>

F. _____ ADVICE _____

Review at MOPD & Echocardiography report on Mon / Jan

Baby Checked and Discharged.....
Signature : _____
Date : _____ Time : 04/18/2019 07

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Counter Signature of the Visiting Staff _____ Signature of the Medical Officer _____