

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

IPBME&R and SSKMH Annex-2 And S N P Hospital
11, Elgin Road, Bhowanipore, P.S. : ,Kolkata - 700 020

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge 2013/10 Time : _____ Patient Category : Free / Paying / Cabin

Patient Name : SANSUL HOQUE Sex : Male Age : 24 Yrs. 6 Months 6 Days 6 Hrs

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

Address : _____ Municipality / Village : PA19002744 Post Office : _____

Police Station : _____ District : _____

State : SURIVHITA Nationality : _____ Religion : _____

Father's Name : Chopra P. S. Husband's Name : Uttar Binajpur

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

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

Final Diagnosis : (DOC000148) Dr. Dipankar Sarkar (Nephrology of S.S.K.M) Male Nephro Ward (15)

CKD(V) - With advanced azotemia.

Referred To : NKD - (CAKUT) ⊕ Referred Out Case _____ Date _____ Time _____ Reason : _____

A. Lt Kidney azotemia + (Rt Kidney echo) 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 : probably NKD at remaining kidney CGN Details of Baby _____

as urine protein 3⊕, Alb ↓ (2.4) + (chol + TG) ↑↑ Birth Date : _____ Birth Time : _____

C. _____ Anesthesia Details _____ Disc No. : _____ Sex : _____

urine RIF Protein 3⊕ RBC 3/HPF Birth Wt. : _____

D. _____ Investigation Done _____

Test Name _____ Comments _____

HBsAg, Hcv, HIV < 1/2 NR. Advice for Baby _____

E. _____ Medicine Details _____

Medicine Name _____ No. of Days _____ Comments _____

F. _____ ADVICE _____

⊗ ✓ Maintainance Hemodialysis 3/1wkly. Baby Checked and Discharged _____

✓ AVF creation from CTVS Dept. Signature _____

⊗ ✓ Counseled for Renal transplantation Date _____ Time _____

with suitable donor.

_____ Counter Signature of the Visiting Staff _____

_____ Signature of the Medical Officer _____