

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

Discharge Certificate/Left Against Medical Advice DH-Siliguri
Siliguri, West Bengal, PIN-734001 Page No. : 1

Discharge No. : _____ Date of Discharge : 23/7/18 Time : _____ Patient Category : Free/Paying/Cabin

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

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

Address : MANJU DAS Post Office : _____
Municipality / Village : _____ District : _____ [21-07-2018] [5:42 PM]

Police Station : SGDH/PA1800020261 Religion : _____
State : _____ Nationality : _____

Father's Name : shanti nagar Husband's Name : dabgram
Doctor/Unit : Bhaktinagar Phone/Mobile No. : Jalpaiguri
Bed No. : _____ Ward Name : Hindu

Final Diagnosis : / Dr.Sutirtha De Ward Name : lakhan das
0 Free 0000000000
PKD FEMALE MEDICINE

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 : _____ Antepatal Care Taken : Yes / No

B. _____ In case of Surgery _____

Surgery Date & Time : _____ Type of Surgery _____
Surgery Status : HD - 2/week ant SDH

C. _____ Anesthesia Details _____
Dr. Fy Anpotehi (4000u) - S.C. B/weakly

Tal Parlae 150 - 1dl BDA x 200g

Continue all medicines prescribed at PKD.

D. _____ Investigation Done _____

Test Name _____ Comments _____
Attn Nephrology clinic, NBMC R.H.

E. _____ Medicine Details _____

Medicine Name _____ No. of Dose _____ Comments _____

F. _____ ADVICE _____

Details of Baby
Birth Date : _____ Birth Time : _____
Disc No. : _____ Sex : _____
Birth Wt. : _____

Advice for Baby _____

Baby Checked and Discharged _____

Signature : _____

Date : _____ Time : _____

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Counter Signature of the Visiting Staff

07/21/2018 05:44 PM
Signature of the Medical Officer