

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

Page No. : 1

Discharge Certificate / Left Against Medical Advice
 (Patient and SKMR Annex-2 And S N P Hospital)
 11, Eight Road, Howrah, P. S. I, Kolkata - 700 026

Discharge No. : _____ Date of Discharge : **20/7/2019** Time : **12:35 PM**
 Patient Name : _____ Sex : _____ Age : _____ Yrs. Months Days

Patient Sri. No. : _____ Patient Registration No. : _____ Admission Date : _____
 Address : **SANJAY GUPTA** Post Office : _____
 Municipality / Village : _____ District : _____
 Police Station : _____ Nationality : _____ Religion : _____
 State : **PATNABURGA** Husband's Name : _____
 Father's Name : _____ Phone/Mobile No. : _____
 Doctor/Unit : **26/1 NABANARI TALA** Ward Name : _____
 Bed No. : _____ Bed Type : **C.V.D.** Ward : **Hindu**
 Final Diagnosis : **West Bengal** (Indian) (Other)

Referred To : _____ Date : _____
 Referred Out Case : _____
 Date : _____

A. Delivery Date & Time : _____ **Mode of Delivery :** ND/SC/LA/VCS/With Forceps/Without Forceps
B. Delivery Status : _____ **No. of Child :** _____ **Antenatal Care Taken :** Yes / No

C. Surgery Date & Time : _____ **Type of Surgery :** _____
Surgery Status : **Treated Conservatively**
Anaesthesia Details : _____

D. Investigation Done : _____
Test Name : _____ **Comments :** _____

E. Medicine Details : _____

Med. Name : **Renal Diet** **No. of Days :** _____ **Comments :** _____

- 1) Tab Nodosis 500mg - 1 tab x BD x cont.
- 2) Tab IFA - 1 tab x OD x cont.
- 3) Tab Calcium - 1 tab x OD x cont.

ADVICE

- 1) Tab Vit B complex - 1 tab x OD x cont.
- 2) Tab Dy for 10mg - 1 tab x OD x cont.
- 3) Tab Pan-40 - 1 tab x OD x cont.
- 4) Tab. Ato Z 900 - 1 tab x OD x 15 days
- 5) Fluid Intake 1 lit / day.
- 6) Blood for Hb%, TC, Urea, Creatinine.

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

Advice for Baby :
 1) Patient is going with H/D channel.
 2) Limit Blood requisition done.

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

Counter Signature of the Visiting Staff
 To Attend Nephrology out door any state medical college.

S. Malik
 20/7/2019
 Signature of the Medical Officer

Name : SANJIB DUYARI		[HWHD/OR1900131132]		Day: Monday	
Sex: Male	Age: 55 Yrs	0 Months	0 Days	Reg No: HWHD/RD1900163747	Reg Date: 22-07-2019
Ref From:		Card No: HWHD/OR1900131132			
Visit No: 1		Department: MEDICINE		Visit Date: 22-07-2019	
Doctor/Unit Name(DOM): DR. BILASH GOSWAMI		Time: 09:42AM			
Room No. 13					

Visit No: 2	Department: Tm	Doctor/Unit:	Entry No:
Visit No: 3	Department: Tm	Doctor/Unit:	Entry No:
Visit No: 4	Department: Tm	Doctor/Unit:	Entry No:

Find her mother & sister

Clinical Notes	ADVICE
<p>22/2</p> <p>1 Mth</p> <p>HTV</p> <p>Bo 12/12</p>	<p>T. Amle 5 1000</p> <p>Choto hotel disc. 1000</p> <p>T. Jasmunde 20 1000</p> <p>U. Mesthane 20 1000</p> <p>T. Amre 10 1000</p> <p>U. Senelam 42 1300</p> <p>T. Golum B. 10000</p> <p>T. Panu 10000</p> <p>T. 15000</p> <p>Blood for eos 3170</p> <p>Refer to the Unit for thromboph</p>

22/2

1 Mth

HTV

Bo 12/12

22/2

1 Mth

HTV

Bo 12/12

22/2

1 Mth

HTV

Bo 12/12

PHYSICIAN

GENERAL HOSPITAL, HOWRAH

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