

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

4 GM IV
EDW - (29)
Thursday OPD.

Discharge Certificate/Left Against Medical Advice Page No. : 1
A.L.C Bose Road Kolkata-20

Discharge No. : _____ Date of Discharge : 18/12/18 Time : 4 PM Patient Category : Free/Paying/Cabin

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

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

Address : MALA DEVI SHAW Municipality / Village : KMDA1800034613 Post Office : _____

Police Station : _____ District : _____

State : 1/1 JACABANDHU ROAD Nationality : _____ Religion : _____

Father's Name : Shyamprakar Husband's Name : _____

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

Bed No. : _____ Ward Name : _____

Final Diagnosis : Unit IV Bed Type : _____
Unit III (Medicine) / Dr. S. Kamal
Referred To : IPGME & S.S. Kolkata-700 049 Referred Out Case : Chronic Kidney Disease Date : _____ Time : _____ Reason : Haemodialysis
diabetic nephropathy

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 : _____ Birth Date : _____ Birth Time : _____

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

- Salt and water restricted diet. Birth Wt. : _____

- T. Amlodipine (10) 1 tab OD X cont. 2 wks

- S. Dylor (S) 1 tab OD X cont. 1 wks

D. _____ Test Name _____ Comments _____

- T. Paracetamol (150) 1 tab OD AEX 2 wks

- Insulin Glargine 10U s/c @ 10 PM

E. _____ Medicine Details _____

Medicine Name _____ No. of Days _____ Comments _____

- Insulin Glargine 10U s/c @ 10 PM / Omit if BG < 100 mg/dl

F. _____ ADVICE _____

- T. (A+vitD3) 1 tab OD X cont. 2 wks

- S. IFA 1 tab OD X cont. 2 wks

- S. Ca - acetate (667) 1 tab OD X cont. 2 wks

- T. Nodasol (500) 1 tab OD X cont. 2 wks

4 of 4 Review @ Nephrology OPD after 1 wk

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

cont MHD twice weekly @ west centre / nephrology HD unit @ SSKM HD

(Maintenance haemodialysis)