

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

**N.R.S MEDICAL COLLEGE & HOSPITAL
138, A.J.C BOSE ROAD, KOL-700014
(PH:22653213/17)**

Discharge Certificate/Left Against Medical Advice 06/04/17 Page No. : 1

Discharge No. : _____ Date of Discharge : 06/04/17 Time 11:12 AM Patient Category : Free / Paying / Cabin
Patient Name : SWAPAN KUMAR ACHARJEE Sex Male Age 54 Yrs. 0 Months 0 Day 0 Hr

Patient Srl. No. : NRSMPA1700020085 Patient Registration No. : NRSMPRG1700056394 Admission Date : [27-03-2017] [12:27 PM]

Address : 130/19, KAKPUL
Municipality / Village : Ashok Nagar Post Office : KAKPUL
Police Station : West Bengal India District : North 24-Parganas
State : LT. NIBARAN CHANDRANONAJEE Religion : Hindu
Father's Name : DR. P. MUKHOPADHYAY/DR. A. MAITY/DR. A. Husband's Name :
Doctor/Unit : ROYCHOWDHURY Phone/Mobile No. : 9748811395
Bed No. : _____ Bed Type : FREE Ward Name : NEPHROLOGY WARD
Final Diagnosis : CKD stage 5 2 1 TDN

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

C. _____ Anesthesia Details
Advice for Baby

D. _____ Investigation Done
Test Name _____ Comments _____

E. _____	Medicine	Details
Medicine Name	No. of Days	Comments
<u>Adv</u>	<u>Renal diet</u>	<u>Salt restricted diet</u>
<u>Tab Amlodipine</u>	<u>1 tab</u>	<u>OD</u>
<u>Avoid 2.300ml/day</u>		
		<u>Syrup ASCORIL LS 2x1 BDX 7 days</u>
		<u>Tab Betahistine 2mg 1Tas TDS X 2000</u>
		<u>Digital xray C/S spine - AT dat</u>

F. _____ ADVICE
 - Tab Amlodipine 1 tab OD as above cont
 (15)
 - Tab Paracetamol (5) / tab OD as above
 - Tab Sevelamer Carbonate (400) 1 tab TDS as above

Baby Checked and Discharged
Signature :
Date : Time :

4 of 4
Counter Signature of the Visiting Staff _____
Signature of the Medical Officer _____

Inj Hep B (2mg) im
0.25mg / tab OD as above
- To attend Wednesday Plastic OPD after 2 wks for stitch removal
- Maintain HTD / regularly at a local government hospital
- Attend Nephro OPD/ER as above

03/27/2017 12:32 PM

Ino

USCA W/A - Fatty Liver
(31/3/14)

RK }
CK } C.M.P. altered
 } Central Echo rane

UB - empty.

Urine R/B: Protein - +
27/3/14

pus cell - 6-8/hpf.

Sugar - nil

Epi cell - 10-12/hpf

Urine C/S: No growth

27/3/14

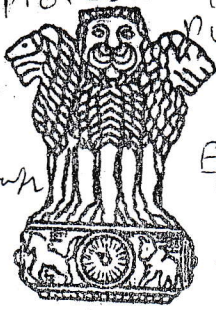
Hb - 10.6 gm/dl

TLC - 6800/cmm

M.C - 30 Lac/cmm

N 60 L 24 M 02 E 08

सत्यमेव जयते



Department of Health & Family Welfare
Government of West Bengal

Ur - 78 mg/dl

Cr - 8.7 mg/dl

Na⁺ - 132 meq/L

K⁺ - 3.6 meq/L