

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

*Monday / Psud
Nephrology OPD*

N.R.S MEDICAL COLLEGE & HOSPITAL
138, A.J.C BOSE ROAD, KOL-700014
(PH:(033) 2286 0103-08)

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge : 3/07/2019 Time : _____ Patient Category : Free/Paying/Cabin

Patient Name : KALPANA DAS Sex : Female Age : 60 Yrs. 0 Months 0 Days

Patient Srl. No. : _____ Patient Registration No. : _____ Admission Date : [21-06-2019] [1:42 PM]

Address : NRS M/PA 1900042582 NRS M/RC 1900462486 Municipality / Village : _____ Post Office : _____

Police Station : SODEPUR PANSHILA District : PANSHILA
State : Ghola West Bengal Nationality : India Religion : North 24-Parganas

Father's Name : _____ India Husband's Name : PRAKASH DAS
Doctor/Unit : DR. P. MUKHOPADHYAY/DR. A. MAITY/DR. A. Phone/Mobile No. : 9143206158
Bed No. : ROYCHOWDHURY Ward Name : NEPHROLOGY WARD(FEMALE)

Final Diagnosis : CKD 2 E T2DM FREE

Referred To : GIS OPD for evaluation of Parotid Swelling 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 _____ Type of Surgery _____

Surgery Date & Time : Adm Surgery Status : _____ Details of Baby

C. _____ Anesthesia Details _____ Birth Date : _____ Birth Time : _____
total intake 500ml/day Disc No. : _____ Sex : _____
Maintain HD from any PPP centre Birth Wt. : _____
2-3/week

D. _____ Investigation Done _____ Advice for Baby

Test Name _____ Comments _____

E. _____ Medicine Details _____

Medicine Name _____ No. of Days _____ Comments _____

F. _____ ADVICE _____

1. Tab Torsemide 10 x BD x cont

1. Tab Faburostat 40 x OD x cont

1. Tab Amlo 10 x BD x cont

1. Tab Pan 40 x ODAE x cont x 15 days

1. Tab Ondansetron 4 x ODAE x cont

1. Refer to General Surgery OPD for evaluation of (R) Parotid swelling.

1. Inj EPO x 4K x Subcut x 2/week

1. Inj Hep B vaccine 2ml x in (R) deltoid on 22/7, 22/8, 22/12

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