

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

JD2-18

Sambhu Nath Pandit Hospital
11, Elgin Road, Bhowanipore, P.S. : Kolkata - 700 020

Discharge Certificate/Left Against Medical Advice

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9 am

Charge No. :	PARIMAL BAG	Date of Discharge :	31/12/16	Time :	9 am	Patient Category :	Free / Paying / Cabin		
Patient Name :	PARIMAL BAG	Sex :	Male	Age :	52 Yrs.	Months :	0	Days :	0
Patient Srl. No. :	PA16020722	Patient Registration No. :	RB16140387	Admission Date :	26-Dec-2016	Time :	12:22		
Address :	Municipality / Village : UTIAR GOLBAGAN		Post Office :						
Police Station :	NINTA P. S.	Nationality :		Indian	District :	North 24-Parganas			
State :	West Bengal	Religion :		Hindu	Other				
Father's Name :	LT. B.P. BAG	Husband's Name :							
Doctor/Unit :	ED000001021 DR. R. PANDEY	Phone/Mobile No. :		8420083825					
Bed No. :	Bed Type :	Ward Name :		Male Nephro Ward (15)					
Final Diagnosis :	CKD - SD, T2DM, HTN								

Referred Out Case

Referred To :	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		Details of Baby	
Surgery Date & Time :	Type of Surgery :			
Surgery Status :			Birth Date :	Birth Time :
			Disc No. :	Sex :
			Birth Wt. :	

C. _____	Anesthesia Details		Advice for Baby	
27/12/16 Nat/Kt/V (2 - 131.5/5.02/119/7.8)				
TP/AB/LA/PO6/UA - 6.4/3.6/8.2/5.6/9.6				
CHTA - 193/132				
Investigation Done				

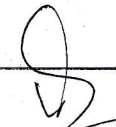
D. _____	Investigation Done		HIV	
Test Name	Comments		HAB AN } NR	
Hb 8.7			HEV	
TLC 8170 N 76 L 19 PU 2.5L			WBC - P +	
			RBC Nil	

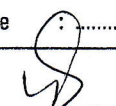
E. _____	Medicine Details		RK 10.2	
Medicine Name	No. of Days	Comments	LK 8.9 UMD Lost	
Echo WML				
F. _____	ADVICE			

Baby Checked and Discharged

Signature :

Date : Time :


Counter Signature of the Visiting Staff


Signature of the Medical Officer

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