

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

IPGMER & SSKMH
A.J.C Bose Road Kolkata 20
(PH)

Discharge Certificate/Left Against Medical Advice

Page No. : 1

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

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

Patient Srl. No. : PIJUSH SARKAR Patient Registration No. _____ Admission Date : 33 0 0

Address : SSKM/PA1900019771 SSKM/RG1900373332 [18-03-2019] [6:39 PM]

Municipality / Village : _____ Post Office : _____

Police Station : _____ District : _____

State : EKTER PUR Nationality : India Religion : HINDU

Father's Name : Chakdaha West Bengal Husband's Name : Nadia

Doctor/Unit : PRIYA LAL SARKAR India Phone/Mobile No. : _____

Bed No. : 1 (Nephrology) Bed Type : Pandey/Dr.S. Dasgupta Ward Name : 9064757653

Final Diagnosis : CKD Free Dialysis Ward (M.R.U)

Referred To : _____ Referred Out Case _____

Date : _____ Time : _____ Reason : _____

Delivery Date & Time : _____ In case of Confinement _____

Delivery Status : _____ Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps

No. of Child : _____ Antenatal Care Taken : Yes / No

Surgery Date & Time : _____ In case of Surgery _____

Surgery Status : _____ Type of Surgery _____

Anesthesia Details _____

Investigation Done _____

Test Name _____ Comments _____

Medicine Name	Medicine	Details
	No. of Days	Comments

ADVICE

Next rd at PPP centre

Details of Baby

Birth Date : _____ Birth Time _____

Disc No. : _____ Sex : _____

Birth Wt. : _____

Advice for Baby

9th rd

UF-1L

kep - sed

4 hrs

Baby Checked and Discharged

Signature :

Date : _____ Time : _____

Counter Signature of the Visiting Staff

[Signature]
Signature of the Medical Officer

03/18/2019 06:46 PM