

**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:(033) 2286-0103-08)

Discharge Certificate Left Against Medical Advice

Page No. : 1

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

Patient Name : ABEDA BIBI Sex: Female Age : 50 Yrs. 0 Months 0 Days


Patient Sri. No. : NRSM/PA1900019134 Patient Registration No. NRSM/RG1900214908 Admission Date [17-03-2019] [1:38 AM]

Address : _____

Municipality / Village : BARALI Post Office : CHAK BARALI
Bhangore District : South 24-Parganas
Police Station : West Bengal Religion : Muslim
State : India Nationality : India LT NAYEB ALI MOLLA
Father's Name : DR. SUBRATA KUMAR PAL/DR. SOUVONIK Husband's Name : _____
Doctor/Unit : MANDAL Phone/Mobile No. : 9083000067
Bed No. : _____ Bed Type : FREE Ward Name : MFC Ward
Final Diagnosis : Uremic Encephalopathy in a known case of CKD

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			
Surgery Date & Time :		Type of Surgery : _____	
Surgery Status :		Details of Baby	
		Birth Date :	Birth Time :
		Disc No. :	Sex :
		Birth Wt. :	
C. _____ Anesthesia Details			
D. _____ Investigation Done			
Test Name		Comments	
E. _____ Medicine Details			
Medicine Name	No. of Days	Comments	
F. _____ ADVICE			
<p align="center">- চালাই নিজ দ্রাব্য (রাজীৱ নিয়ম মাফি), এছাড়াও রাজীৱ কোন স্ততি ২০ম বা ৩০ম কিছু ২০ম ডাক্তারের কোনও দ্রাব্য ২০ম গুণ। আজ্ঞাপত্রিকি (রাজীৱ যান)</p>			
		<p>1 Diabetic Renal diet / Tab Amlodipine(10) - OD x Cont / Tab Pan40 - OD AC x Cont / Tab. cefixime(20) - BD x 7 da / P. Prazosin(5) - OD HS x Cont / P. Delonidine (0.1) - TDS x Cont / Syo. lactulose - 20ml OD HS / Tab. Torsemide(5) - OD x Cont / N. Nifedipine(500) - BD x Cont / P. Pan40 / P. PHOSTAT(667) - TDS x Cont / TAB IFA - 1 Tab OD PC</p>	
		Baby Checked and Discharged	
		Signature	
		Date Time	

Counter Signature of the Visiting Staff


 Signature of the Medical Officer