

**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. : **ARATI NASKAR** Patient Registration No. : _____
Address : _____ Admission Date : **50 0 0**
Municipality / Village : _____ [01-06-2019] [9:19 AM]

SSKM/PA1900038635 SSKM/RC1900738888
Police Station : **KRISHNAPUR PURBA PARA** Post Office : _____
State : **Rajarhat** District : **MILAN BAZAR**
Father's Name : **West Bengal** Nationality : _____ Religion : **North 24-Parganas**
Doctor/Unit : _____ Husband's Name : **Hindu**
Bed No. : **II (Nephrology) / Free (Dr.) D. Sen** Phone/Mobile No. : **PINTU NASKAR**
Final Diagnosis : _____ Ward Name : **000000000**
Bed Type : **Free** _____ Dialysis Ward (M.R.U)

Referred To : _____ Referred Out Case _____
Date : _____ Time : _____ Reason : _____

A. _____ In case of Confinement _____
Delivery Date & Time : _____
Delivery Status : _____ Mode of Delivery : **ND/ECL/LUCS/With Forceps/Without Forceps**
B. _____ No. of Child : _____ Antenatal Care Taken : **Yes / No**

Surgery Date & Time : _____ In case of Surgery _____
Surgery Status : _____ Type of Surgery _____

C. _____ Anesthesia Details _____

D. _____ Investigation Done _____
Test Name _____ Comments _____

E. _____ Medicine Details _____
Medicine Name _____ No. of Days _____ Comments _____

F. _____ ADVICE _____

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

Advice for Baby

Sh
low dose
let. 1 ct.

Baby Checked and Discharged _____

Signature : _____

Date : _____ Time : _____

06/01/2019 09:24 AM

4 of 4

Counter Signature of the Visiting Staff

Signature of the Medical Officer

Not HD on at PPR centre