

DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE

CR Nephro
mon, Fri.
F2

N.R.S. MEDICAL COLLEGE & HOSPITAL
138, ANIL B. ROSE RD., KOL-700011
(PH: 2283321, 317)

Warranty Against Medical Advice

Page No.: 1

Date of Discharge: 25/7/18

Time: 10:00 am / 12:00 pm Free/Paying/Cabin

Sex: Age: Yrs. Months Days

SN. No.: Patient Registration No.:

Admission Date:

Municipality/Village:

Post Office:

Police Station: MOJBARAKPUR

District: FAJILPUR

State: West Bengal

Nationality: India

Religion: North 24 Parganas

Father's Name: West Bengal

India

Husband's Name: Hindu

Doctor/Unit:

Phone/Mobile No.: TARUN KANTI CHOSH

Bed No.: DR. B. MUKHOPADHYAY/DR. A. MAITY/DR. A.

Ward Name: 8609121897

Final Diagnosis: CKD - V D

FREE

NEPHROLOGY WARD

Referred Out Case

Referred To:

~~CRD - V D~~ Plastic Surgery

Date:

Time:

Reason:

A. In case of Confinement

Delivery Date & Time:

Mode of Delivery: VD/ECL/UGS/With Forceps/Without Forceps

Delivery Status:

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

B. In case of Surgery

Surgery Date & Time:

Dialysis in Centre of Conventure (COV) 2-3/week

Emergency Ward:

C. Anesthesia Details

~~9-V fistula~~

Date 2/8/18

at Dept of Plastic Surgery

Test Name

E. Medicine Details

Medicine Name

Alb, Te, DC, E CR

No. of Days

Comments

Na⁺, K⁺, Urea, Cr.

Urine R/E, M/E.

F. ADVICE

Counter Signature of the Visiting Staff

Baby Enrolled and Discharged

Date: Time:

Signature: Doctor

Date: Time:

Signature: Doctor

Date: Time:

Signature: Doctor

Date: Time:

Signature: Doctor

Date: Time:

Signature: Doctor

Date: Time:

Signature: Doctor

Date: Time:

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Date: Time:

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