

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
DISCHARGE

↓ UNIT- III  
Gen. Med.  
Cable B/N-55  
(OPD - Wednesday)

Certificate/Letter Against Medical Advice S.S.K.M Hospital & IPGME & R A.J.C Bose Road Kolkata-20 (PH:033-24733900) Page No.: 1

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

Patient Name : Sex : Age : Yrs. Months Days

Admission Date : Female 29 0 0  
[ 28-06-2018 ] [ 2:40 AM ]

IPGME & R  
Kolkata-700020  
S.S.K.M. Hospital  
Kolkata-700020  
Village : SSKM/PA1800041806

Post Office : SSKM/RG1800041806  
District :  
Religion : CHOTO JAKULIA  
Husband's Name : North 24-Parganas  
Phone/Mobile No. : Muslim  
Ward Name : JAKIR HOSSAIN  
0000000000  
Emergency Observation ward (E.O.W)- All

Father's Name : BARASAT KAJI  
Doctor/Unit : Duttapukur West Bengal India  
Bed No. :  
Bed Type : Free  
Final Diagnosis : Prof. M.K. Das/Dr. S. Kanjilal

① CKD stage 3 on maintenance Hemodialysis

Referred To : Nephrology OPD. Referred Out Case : 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 :

C. Anesthesia Details : Adv.

D. Investigation Done  
Test Name : T. Amlodipine Comments (10) 1 tab OD at 8 AM x cont

T. Fraxosin (5) 1 tab BID x cont  
T. Furosemide (40) 1 tab TDS x cont

E. T. PCM (500) 1 tab SOS (if temp > 100°F)

Medicine Name	No. of Days	Comments
T. Ramlidine	(150)	1 tab BD AC x cont
T. Domperidone	(10)	1 tab T D AC x cont
T. Nifedipine	(500)	1 tab TDS x cont

F. ADVICE  
T. Vit D3 (0.25) 1 tab BD x cont  
Zij. EPO (40000) s/c biweekly x cont (on Sat & Wed)

T. IFA 1 tab T D PC x cont

T. Febuxostat (40) 1 tab OD x cont

T. Cefuroxime (500) 1 tab BID x 5d

To attend NOPD after 2wk with reports of  
- Urea/Creat  
- Na<sup>+</sup>/K<sup>+</sup>  
- CBC.

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

Advice for Baby

Continue maintenance hemodialysis 3/wk.

Baby Checked and Discharged

Signature : .....

Date : ..... Time : .....

Signature of the Medical Officer

06/28/2018 02:48 AM

For the  
Signature of the Visiting Staff  
Chang...