

Discharge Certificate/Left Against Medical Advice

Discharge No.: _____ Date of Discharge: 24/7/18
Patient Category: Free/Paying/Cabin

Patient Name: RADHA RANI SAHA
Sex: Female Age: 61 Yrs. Months: 0 Days: 0
Patient Registration No.: NRS/M/RA/100046982

Address: NRS/M/RA/100046982
Municipality/Village: HABRA, KAMARTHUBA

Police Station: HABRA, KAMARTHUBA
State: West Bengal

Doctor/Unit: DR. ALAKES KUMAR KOLE/DR. UMA
Bed No.: SAHABIMAM MALLICK/DR.

Final Diagnosis: KAUSTUBH CHATTERJEE
Referred to: nephrologists step

Referred Out Case: _____ Date: _____ Reason: _____

Ward Name: MFC Ward
Phone/Mobile No.: 915382898
Husband's Name: ARUN KUMAR SAHA

Religion: Hindu
District: HABRA
Post Office: North 24 Parganas

Admission Date: 13-07-2018
Admission Time: 11-55-PM

Referral Date: 13-07-2018
Referral Time: 11-55-PM

Referral Hospital: _____

Referral Doctor: _____

Referral Reason: _____

Referral Date: _____

Referral Time: _____

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Referral Doctor: _____

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Referral Doctor: _____

Referral Reason: _____

Referral Date: _____

Referral Time: _____

Referral Hospital: _____

Signature of the Medical Officer: _____
Date: 27/11/2018 12:06 AM

Signature of the Visiting Staff: _____

Signature: _____
Date: _____
Baby Checked and Discharged: _____

Medicine Name: _____
No. of Days: _____
Comments: _____

Test Name: _____
Investigation Done: _____
Comments: _____

Anesthesia Details: _____
Birth Date: _____
Birth Time: _____
Sex: _____
Disc No.: _____
Birth Wt.: _____

Details of Baby: _____
Type of Surgery: _____
Surgery Date & Time: _____
Surgery Status: _____
Delivery Date & Time: _____
Delivery Status: _____
Mode of Delivery: _____
No. of Child: _____
Antenatal Care Taken: Yes/No

Advice for Baby: _____
Hx: _____
Hx: _____
Hx: _____

Medicine Details: _____
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