

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE**

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge : 10/02/19 IFGMER & SSKMH
A.C. Bose Road Kolkata (PH) Patient Category : Free/Paying/Cabin

Patient Name : _____ Sex : _____ Age : _____ Yrs. Months Days

Patient Srl. No. : _____ Patient Registration No. : _____ Admission Date : _____

Address : _____ Municipality / Village : _____ Post Office : _____

Police Station : SRYAMAL BALA State : _____ Nationality : _____ District : Male 42 0 0

Father's Name : SSKM/PA1900010812 Religion : _____ Religion : _____ [10-02-2019] [1:20 PM]

Doctor/Unit : _____ Bed No. : _____ Bed Type : _____ Husband's Name : _____ Phone/Mobile No. : _____

Final Diagnosis : West Bengal Ward Name : North 24-Parganas
N N LALY HINDU

Referred To : _____ Referred Out Case : _____ Date : _____ Time : _____ Reason: R.U

Handwritten: 10/2/19

Stamp: SSKMH, Kolkata, West Bengal

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

Handwritten:
6th HD on
10/02/19
Access - Permeath
87d heparin
UF 1L

Handwritten: Went HD at PPP centre

Baby Checked and Discharged
Signature :
Date : Time :

Counter Signature of the Visiting Staff

Signature of the Medical Officer

10/2/2019 01:36