

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

FMW6 / B.No-48/

0-11

R.G. Kar Medical College & Hospital
1, Khudiram Bose Saram, Kolkata-700004
(PH:033-25557676)

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge : 10/5/19 Time : 4:10 PM Patient Category : Free/Paying/Cabin

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

Patient Srl. No. : CHANCHALA BARMAN Patient Registration No. : _____ Admission Date : 51 0 0

Address : RCKM/PA1900025538 RCKM/RG1900318282 Post Office : [08-05-2019] [11:50 AM]

Police Station : _____ District : KORACHANDIGAR
State : MADHYAMGRAM WEST CHANDIGARH Religion : North 24-Parganas

Father's Name : MADHYAMGRAM Nationality : India Husband's Name : Hindu

Doctor/Unit : _____ Phone/Mobile No. : BABLU BARMAN

Bed No. : Prof. C K Jana/Dr. P Dutta/Dr. R Bari (Asst. Prof.) Ward Name : 7980170880

Final Diagnosis : 1 Chronic kidney Disease Female Medicine Ward (FMW-6)

Referred To : CTVS OPD, 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

B. _____
Delivery Status : _____ No. of Child : _____ Antenatal Care Taken : Yes / No

C. _____ In case of Surgery
Surgery Date & Time : _____ Type of Surgery _____ Details of Baby

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

D. 8/5/19 Anesthesia Details _____
hb-8g/dl 27/03/19
TLC-12,280 HLSDG
PL-141X103 Anti HCV NR
ICTC

E. _____ Investigation Done _____ Advice for Baby
Test Name _____ Comments _____
- Pt- now being discharged
- under hemodynamically stable conditions

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

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

Counter Signature of the Visiting Staff

Signature of the Medical Officer

Saraswati Press Ltd