

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

D

IPMCH&R and SSKMH Annex-2 And S & P Hospital
11, Elgin Road, Bowanipore, P.S. 1, Kolkata - 700 020

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge : 30/11/18 Time : _____ Patient Category : Free / Paying / Cabin

Patient Name : ANELA SARKAR Sex : Female Age : 48 Yrs. 08 Months 0 Days

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

Address : _____ Post Office : _____

Municipality / Village : _____ District : _____

Police Station : _____ Religion : _____

Ward No. : _____ Nationality : _____ Husband's Name : _____

Director/Unit : _____ Bed Type : _____ Phone/Mobile No. : _____ Ward Name : _____

Final Diagnosis : CLD & HTN. _____

Referred To : _____ Referred Out Case Date : _____ Time : _____ Reason : _____

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.

In case of Surgery

Surgery Date & Time : _____ Type of Surgery : _____

Surgery Status : _____

Anesthesia Details : _____

Investigation Done : _____

Investigator Name : _____ Comments : _____

Discharge Advice : _____

Medicine Details

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

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

Advice for Baby

pf. discharge
after Remove
Dialysis
catheter

Baby Checked and Discharged

Signature

Date Time

Counter Signature of the Visiting Staff

Signature of the Medical Officer

Renal diet.
Review after 7 days at SSKM
Nephro OPD @ CBL, med, em,
Tab. Metoprolol 1/2 OD, 1/2 OD
Review after 7 days at SSKM

Review after 7 days at SSKM
Review after 7 days at SSKM