

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

R.G. Kar Medical College & Hospital  
1, Khudiram Bose Sarani, Kolkata-700004  
(PH: 033-25537676)

*Final*  
*2/No-67*  
*VE(MBP)*  
*OPD CAP*

Discharge Certificate/Left Against Medical Advice

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*4:00 PM*

Discharge No. : \_\_\_\_\_ Date of Discharge : *12/08/19* Time : \_\_\_\_\_ Patient Category : Free/Paying/Cabin

Patient Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

Patient Srl. No. : \_\_\_\_\_ Patient Registration No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_

Address : *RGKM/PA/190031812* ..... *RGKM/RG/1900384122* ..... [*08-06-2019*] [*6:48 PM*]

Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_

Police Station : *SULTAN PUR* District : *BHABIA*

State : *Minakhan* Nationality : *India* Religion : *North 24-Parganas*

Father's Name : *West Bengal* Husband's Name : *Muslim*

Doctor/Unit : *Dr. Arindam Nag (Asst. Prof.)/Dr. Sandip Ghosh* Phone/Mobile No. : *9134409703*

Bed No. : \_\_\_\_\_ Ward Name : *Female Medicine Ward (FMW-6)*

Diagnosis : *Diabetic nephropathy on maintenance HD*

Referred Out Case

Referred to : *Nephrology OPD & nearby* Date : \_\_\_\_\_ Time : \_\_\_\_\_ Reason : \_\_\_\_\_

A. *Haemodialysis centre, Barasat for twice weekly maintenance HD*

Delivery Date & Time : \_\_\_\_\_ Mode of Delivery : *ND/ECL/LUCS/With Forceps/Without Forceps*

B. \_\_\_\_\_ In case of Surgery No. of Child : \_\_\_\_\_ Antenatal Care Taken : *Yes / No*

Surgery Date & Time : \_\_\_\_\_ Type of Surgery \_\_\_\_\_

Surgery Status : \_\_\_\_\_

C. *17/6/19* Anesthesia Details \_\_\_\_\_

Hb = *7.6 gm/l*

TC = *14500/mm<sup>3</sup>* DC = *N72 Ly 19 B02 M02*

Platelet = *6 lacs/mm<sup>3</sup>*

D. \_\_\_\_\_ Investigation Done \_\_\_\_\_

Test Name *Ue/Cr = 66/4* Comments \_\_\_\_\_

Total protein = *7.2*

Albumin = *3.3*

3M = *0.7*

E. *ALT = 18 ; AST = 24*

Medicine Name *ALP = 150* No. of Days \_\_\_\_\_ Comments \_\_\_\_\_

*Salt + food restricted as per diet*

*Fluid restriction = last 2 hrs to 1000ml*

F. \_\_\_\_\_

ADVICE

① T. Faropenem (200) 1 tab BD x 5d.

② T. Rantac (150) 1 tab BD x cont

③ T. Nephrosate 1 tab BD

④ T. Nodanis (500) 1 tab BD

⑤ T. Rocaltrol 1 tab OD

⑥ T. Oxyer x 7 1 tab OD

Counter Signature of the Visiting Staff

⑦ T. Calcium (500) 1 tab OD

⑧ Syp. Lactulose 15ml sos

⑨ T. Levofloxacin (200) 1 tab alternate day x 10d.

Details of Baby

Birth Date : \_\_\_\_\_ Birth Time : \_\_\_\_\_

Disc No. : \_\_\_\_\_ Sex : \_\_\_\_\_

Birth Wt. : \_\_\_\_\_

Advice for Baby

*Pt. on maintenance HD twice weekly*

*Pt. discharged in haemodynamically*

*stable condition*

*Central venous catheter left in*

*situ. To change central venous*

*catheter after 6 wks.*

Baby Checked and Discharged .....

Signature : .....

Date : \_\_\_\_\_ Time : \_\_\_\_\_

06/08/2019 06:54 PM

Signature of the Medical Officer