

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

IPGMR & SSKMH
A.J.C Bose Road Kolkata-20
(PH)

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. _____ Date of Discharge: 8/7/19 Time: _____ Patient Category: Free/Paying/Cabin

Patient Name: PRAKASH BISWAS Sex: Male Age: 15 Yrs. 0 Months 0 Days

Patient Srl. No. _____ Patient Registration No. SSKM/BC1900895429 Admission Date: 08-07-2019 10:54 AM

Address: SSKM/PA1900046872
Municipality / Village: TETULIA Post Office: DO
Police Station: Swarupnagar District: North 24-Parganas
State: West Bengal Nationality: India Religion: Hindu
Father's Name: MADAN BISWAS Husband's Name: _____
Doctor/Unit: I (Nephrology) / Prof.R. Pandey/Prof. Phone/Mobile No.: 8317898782
Bed No.: (Dr.)A. Roychowdhury Bed Type: _____ Ward Name: Dialysis Ward (M.R.U)
Final Diagnosis: CKDD Free

Referred Out Case

Referred To: _____ 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: _____ Details of Baby

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

Anesthesia Details: Neot HD on 11/7/19

Advice for Baby

Access - Permacath
Heparin - 500
UF = 300ml

Investigation Done

Patient Name: _____ Comments: _____

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

08/08/2019 10:00 AM