

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

7010 [H18.5]

BURDWAN MEDICAL COLLEGE & HOSPITAL

Charge Certificate/Left Against Medical Advice
Shyamsayar (West), Rajbati, Purba Bardhaman, Pin. 713101
(PH:0342-2665228)

Page No. : 1

Charge No. : _____ Date of Discharge : 17.04.19 Time : _____ Patient Category : Free/Paying/Cabin

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

Patient Registration No. : _____ Admission Date : 60 0 12

Address : _____ [15-04-2019] [11:46 AM]

Post Office : _____ District : _____

Village : _____ Religion : ABJALPUR

Sub-township : GHORAMARA Nationality : _____

State : Jharkhand India Husband's Name : JAMTARA

Phone/Mobile No. : _____ Muslim

Diagnosis : _____ Ward Name : _____

Referral : _____ R.M.B (1,2)

Referred Out Case _____

Date : _____ Time : _____ Reason : Lower respiratory tract infection

In case of Confinement _____

Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps

No. of Child : _____ Antenatal Care Taken : Yes / No

In case of Surgery _____

Type of Surgery _____

Details of Baby _____

Birth Date : _____ Birth Time : _____

Disc No. : _____ Sex : _____

Birth Wt. : _____

Investigation Done _____

Name : _____ Comments _____

Medicine : _____

No. of Days : _____

Comments : _____

ADVICE : _____

Signature : _____

Date : _____ Time : _____

Baby Checked and Discharged _____

Signature : _____

Date : _____ Time : _____

Signature of the Medical Officer _____

Signature of the Visiting Staff _____

Signature of the Medical Officer _____

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Counter Signature of the Visiting Staff

Signature of the Medical Officer

for further
Referto Chest OPD for exam

Signature of the Medical Officer
Unit