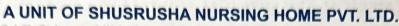
191020039341-1
Mrs. BINA JAISWAL
DOA :24/08/2025 10:00AM
Dr. SUNIL TIBREWAL
GENERAL WARD 109

SHUSRUSHA





P-290, C.I.T. Scheme VIM, Swami Swarupananda Sarani, Kolkata - 700 054 Phone: 2362 8863, 2362 8430, 2364 8910

DISCHARGE | TRANSFER | DISCHARGE AGAINST MEDICAL ADVISE CERTIFICATE

NAME: Mus Buia Jaievral.	The state of the s
UHID NO: 1910200 39341-1 BED NO:	109 ·
SEX: MALE / FEMALE AGE: 6445	
ADDRESS: GO Mr ROLN Jaiscial 214,	Bholavalh
SEX: MALE/FEMALE AGE: 64445 AGE: 64445 ADDRESS: GO MV ROLV- Jais Wal 214, Saliani Road, Tegliona, Raja Baginhati 700154.	ruliat, Gozalgicie,
Date of Admission: 24/8/15 Time of Admission	: Josean
Date of Discharge: 26/8/25 Time of Discharge	
I, Dr. Lucil "Ufreum": above mentioned patient was under my treatment in this Nursing Home.	hereby certify that the
REASONS FOR ADMISSION : PRESENTING COMPLAINTS	
voculting, abdocumed distension	- scuede
FINAL DIAGNOSIS	
Subante viletinal obshubsor	i.
HTW.	
Aypethyroid	
Appettypoid Hepalitis C Positive	
ICD 10 CODE:	MLCY/N V
H/O ALCOHOLISM / TOBACO / OTHERS	Yes / No / Not Known
CILICOLOUISIT / TODACO / OTREKS	

1

NAME OF THE PATIENT: GE SIGNIFICANT PAST MEI	NERAL	AND ALLERGY OR FAMILY HISTORY NA 8x Lover and, & neglineele
HO TAHE + 8580.	-> Herw	ia six toolee or
SHIMMARY OF KEY INVE	ESTIGATION	REPORT TO ARRIVE AT THE DIAGNOSIS
		1 Course + Kouch.
ce ct. coll	Cayseed (long segment
SOL	. adu	long segment Nemmi.
		CEDIES (JE ANVI
SUMMARY OF TREATME	NT [NAME O	F THE PROCEDURES/SURGERIES (IF ANY)]
Referred Doctors Name :		Specialist Name Specialist
		15
NOTES ON MEDICAL MAN	AGEMENT	Todatt ogs. Kan 40.
Received Cap C	desta	Ruch, Zedett, ORS, Pan 40.
	1.	
Medical Treatment	V	
Blood Transfusion		
PRBC	Yes / No	Nos
FFP	Yes / No	Nos
Human Albumin	Yes / No	Nos
TPN	Yes / No	Nos
Pethidine/Fentanyl/Morphin	Yes / No	Nos
Antibiotic Used :		Anti Emetic Used :
		PPI:

Other Supportive Medicines :

NAME OF THE PA	TIENT			
Procedures :				
Intubation	Yes / No	Lumber Puncture	V== / 11/2	
Central Line	Yes / No	Aspiration	Yes / No	
Catheterisation	Yes / No	USG Guided Aspiration	Yes / No	
Ryles Tube	Yes / No	TPM	Yes / No	
Chest Drain	Yes / No	Pleural Tapping	Yes / No	
	Lan Harris	riculai rapping	Yes / No	
SECTION A		Others		
SURGICAL MA	NAGEMENT : NAME O	Of THE SURGERY / PROCE		
0- 4	THE C	THE SURGERY / PROCE	DURE	
faller 1	espouled to	a courseinstin	e treatment.	
	garda a	ous evens	e cuaraunt.	
			@	
			A V	
		STORY OF THE STORY		
		^		
		DING CONCE		
		417		
COMPLEATION				
COMPICATIONS IN THE COURSE OF HOSPITALISATION				
		A CONTRACTOR		
	, (
		A WALL STATE OF THE		
	A STATE OF THE STA		10.7	
PATIENT COND	ITION AT THE TIME O	E DISCHARCE		
AMBULATORY	NON AMBULATOR	WITH OXYGEN		
WITH BIPAP/CI AP SU	JPPORT ANY	OTHER SUPPORT		
WHEN & HOW	O OPE I THE			
THEN & HOW I	O OBTAIN URGENT C	CARE & FOLLOW UP ADVI	CE	
FEVER O	WOUND OOZING	SOB SURGICA		
	The sound of	SURGICA SURGICA	AL SITE PAIN	
URINE RETENTION	Direction	LA MY LON THE		
- ANTION	BLEEDING	ANY OTHER		
FOLLOW UP ADVICE				
375 76				

ADVICE ON DISCHARGE

1) sentulaloung / servisolid diet

3 Jab Aculd 5 Hat od after Ofx cook

3) Tob Thyroxiae 100 10at od Cuyae Boxxout

(4) Tub Telua 40 stat od after dure xeach

1 Tab Pan 40 - odaex cost lodays

10 Tab owner no 4mg - 6darx 3days

Dely. reprécel 25 une dyrapp + scours lunewoum water at applieux x cont.

8) After 7 days:-Revision with:

(a) Da 8. boddan - hvier sperialist fa Hegalits
(118 DM).

B) PET CT Scan for evaluation of socialists to B) supraceval gland.

Devisio for fil agen 2 weeks.

alter Edilier / Ed 805.

Signature of the Patient / Attendant

Signature of the Treating Dococ LRMO

Reg. No.

26/8/2025