# **Discharge Report**

### **Personal Information**

Member No.	Reg Date	Name	Email	Birthday	Age	Gender	Civil Status	Blood Group
SSAL000023	2023- 05-02	vinay shinde	raj@gmail.com	1996-05- 24	26	Male	Single	A+

Room Details							
Member No.	SSAL000023	IOP No.	IP-SSAL000023	Admit Date	2023-05-02		
Room No.	Room - 303	Bed No.	Bed 1	Discharge Date			

### **Contact Information**

Address	City	Phone No.
	pune	7878787878

## **Relative Contact 1**

Relation With	Address	City	Phone No.
friend	gopal nagar nanded	nanded	7620997866

### **Relative Contact 2**

Relation With	Address	City	Phone No.

### **General Examination**

ксо	Chief	Family	Past	Pulse	B.P	Temp	SPO2	Urine	P/A	R/S	Food
	Complaint	History	History								Intake

kco	СС	fh	ph	50	120	33	80	120	ра	rs	fi	

Ongoing Medication						
1	demo					
2	demo1					