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|  | ALL INDIA INSTITUTE OF MEDICAL SCIENCES  DEPARTMENT OF NEPHROLOGY  Ansari Nagar, New Delhi – 110029 | | | | | | |
| DISCHARGE SUMMARY | | | | | | |
| **Name** |  | **RT** |  | **Age** |  | **DOA** |  |
| **CR No./ UHID** |  | **Bed** |  | **Sex** |  | **DOD** |  |
| **Diagnosis** |  | | | | | | |
| **History & course in Hospital** |  | | | | | | |