

HOSPITAL DISCHARGE SLIP

Name Of The Hospital	null	IP No.
Date & Time Of Admission	null	Date & Time Of Discharge
Ward/Departmen		

HIN null	Name of Patient		Age /Sex	Marital
Religion		Injury Report Initiated		
Discharge In Med. Category			Board Held On	
Disposal Discharge to			Disposed As	
Brief Case Summary				
Diagnosis			ICD Nos.	
Instruction To The Patient				
<div>Date</div> <div>Signature of Medical Officer</div> <div>Counter Signature</div>				