

REG ID - BN122311554

DISCHARGE SUMMARY

DATE:

PATIENT'S NAME	BHAWNA	AGE/ SEX	89 / MALE	CONTACT NUMBER	9898767676
ADDRESS:	HJ			MLC NO:	
D.O.A	12/12/2024	D.O.D	12/12/2024	D.O.S	12/12/2024

COMPLAINS / PAST HISTORY	ASDF	
CLINICAL FINDINGS		
SURGERY ADVICE		
DIAGNOSIS	SURGEON	CONTACT NO.

TREATMENT GIVEN:

IMPLANT

ADVICE ON DISCHARGE

MEDICINE	EYE	TIMES	DAYS	ROUTE/INTAKE
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OTHER ADVICE

@CONDITON AT DISCHARGE

REVIEW DATE

CONSULTANT NAME/SIGNATURE

PRINT DATE AND TIME

DR. ANKIT GUPTA

<p>IN CASE OF ANY COMPLAINTS AFTER SURGERY BRING PATIENT TO HOSPITAL IMMEDIATELY / CONTACT 9468812844</p>	<p>DISCHARGE MEDICINES EXPLAINED TO</p> <p>NAME AND SIGNATURE</p>
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