



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

DISCHARGE SUMMARY

Patient's Name:					MRD No./UHID No.		
Age:		Gender	M	F	O	Ward No.	
Date of Admission					Bed No.		
Date of Discharge					Time of Discharge	AM/PM	
Attending Physician							

1. Chief Complaint:

2. Final Diagnosis:

3. Treatment Given:

4. Procedures Performed (if operated upon/surgical procedures):

5. Patient's Condition on Discharge:

5. Discharge Medication/Advice on Discharge:

6. Instruction for Follow-up:

7. Additional Notes for LAMA/DOR Cases (if applicable):

8. Name of the Medical Officer/Attending Physician: _____

9. Signature & Seal of the Medical Officer/Attending Physician: _____

10. Date: _____

11. Contact Number for Emergency/Follow-up :