



MMF HOSPITALS ASSOCIATION
RATNA MEMORIAL HOSPITAL

968, Senapati Bapat Road, Pune - 411 053.
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Patient's Sticker

Bed No.: _____

IN CASE OF DISCHARGE

(To be filled completely and carefully by Discharging Doctor)

Mode of Discharge : NORMAL DISCHARGE LEFT AGAINST MEDICAL ADVICE
 (Tick as applicable)

EXPIRED TRANSFERRED TO _____

Discharge Summary issued Final Diagnosis _____

Reports issued : Haemogram Urine (R) BSL (F) BSL (PP)
 S. Urea S. Creat S. Electrolytes HIV / HBsAg / HCV
 ECG X-Ray Ultrasound 2D Echo
 CT Scan MRI Scan Any Other Inv.
 Bill / Receipt Certificates

Others _____

I have checked and received the above documents / reports.

Handed Over by (Name) : _____ Received by (Name) _____

Date : _____ Time : _____ Relation with Patient _____

Signature : _____ Signature _____ Date : _____

IN CASE OF DEATH

Cause of Death : _____

Date : _____ Time : _____ Death Certificate No.: _____

Receiver's Name & Signature : _____

Relation with patient _____

Date : _____ Signature of Doctor : _____

Time : _____ Name : _____

