कर्मचारी राज्य बीमा निगम अस्पताल,पीण्या, बेंगलूरु- 560 022.

EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL, PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

DEPARTMENT OF OPHTHALMOLOGY

DISCHARGE SUMMARY AND INSTRUCTIONS FOR INPATIENTS

Patient Name : ..... **Age / Sex :** .....

IP No. : ..... **MRD No. :** .....

Date of Admission : **Operation :** **Discharge :**

H/o diminution of vision _____ eye _____

Investigations, Physician fitness, P.A.E.

DIAGNOSIS :

PRE OP VISION

SURGERY DONE

CONDITION

POST OP VISION

ADVICE ON DISCHARGE :

1. CIPROFLOXACIN EYE DROPS : 1 DROP HOURLY FOR _____ DAYS
2. PREDNISOLONE EYE DROPS 1 DROP HOURLY FOR _____ DAYS
3. Tab CIPLOX 500 mg 1-0-1 for 5 days
4. Tab DICLO 1-0-1 for 3 days
5. Report immediately if there PAIN, REDNESS OR REDUCTION IN VISION OR fall

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5. Report immediately if there PAIN, REDNESS, OR REDUCTION IN VISION OR follow up on _____