

**NAME :**

**CONDITION ON DISCHARGE :**

**ADDRESS :**

**AGE :**

**SEX :**

---

---

**POST OPERATIVE / DISCHARGE  
INSTRUCTIONS :**

**DATE OF ADMISSION :**

**DATE OF OPERATION :**

**DATE OF DISCHARGE :**

**OPERATION / TREATMENT NOTES :**

Please come after four weeks for a followup examination with this card

## GUIDELINES

1. You are given prescription for the eye drops medicine should be purchased from the medical shop you should use the eye drop medicine regularly for a particular period of time.
2. Please do not go to places which have dust and smoke for a period of 4 weeks.
3. Don't use Beedi, Cigarette, Betal leaves and nut etc., for one month

## DISCHARGE SUMMARY



**Aravind Eye Hospital**  
(Run by Govel Trust)

1, Anna Nagar, Madurai - 625 020.

Phone : 5356100

O.P. No.

IP No.

**அரவிந்த் கண் மருத்துவமனை**

(நிர்வாகம் : கோவல் டிரஸ்ட்)

1, அண்ணா நகர், மதுரை 625 020.

போன் 5356100