

**FORM  
18**

**DISCHARGE CERTIFICATE**



I Mr/Mrs/Ms \_\_\_\_\_ (here as family member) taking discharge of \_\_\_\_\_ (here as resident) on my own accords. I submitted all the facilities provided by "SWARG COMMUNITY CARE" & No items or payment due is pending from both the sides.

Date of discharge:	Discharge Time:
Duration of stay: From	To
Admission Date:	Room code:
Type of services selected:	
Discharge To:	
Condition upon discharge:	
Reason for Discharge:	
Medication Advise:	
Physio Advise:	
Diet Advise:	
<b>Yes, hereby I confirm that there is no due pending from the both side &amp; would like to relieve you.</b>	

**X**  
\_\_\_\_\_  
Guardian Sign

**X**  
\_\_\_\_\_  
Swarg Authorized Sign