



**ROYAL GOVERNMENT OF BHUTAN**  
**NAME OF HCC**  
**DZONGKHAG**

**Neonatal Discharge Sheet**

Name:	Age/Sex	
Hospital Reg. No:	Address/Telephone:	
DOB:	APGAR:	1 Min
Type of Delivery		5 Min
Indicate if instrument/Surgical		
Date & Time of discharge:		
<b>Advise on Discharge:</b>		
Immunization as per schedule		
Exclusive breastfeeding for 6 months		
Review in MCH on day 3 and at one week		
Discharge Note:		
G -		
P -		
Alive -		
Death -		
Abortion -		
Blood Group -		
VDRL -		
Name & Signature		
Designation		
BMHC		