

DISCHARGE SUMMARY

(PER-PD 302)

1. NAME	2. R/N	3. I/C NO	4. DATE OF BIRTH
5. ADDRESS	6. SEX	7. DATE OF ADMISSION	8. DATE OF DISCHARGE
9. FINAL DIAGNOSIS			
10. SUMMARY (Including history, physical signs, relevant investigations, clinical course, treatment, medical leave, disability etc. Please use appendix if necessary)			
Allergy and Adverse :			
Clinical Summary :			
Relevant Investigation :			
Medication :			
11. NAME OF MEDICAL OFFICER			12. SIGNATURE
ID			13. DATE
14. OFFICIAL CHOP		15. CERTIFIED BY	

1. Dilekatkan pada Rekod Perubatan

2. Dilekatkan pada Kad Pesakit Luar

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1. NAME	2. R/N	3. I/C NO	4. DATE OF BIRTH
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9. FINAL DIAGNOSIS			
10. SUMMARY (Including history, physical signs, relevant investigations, clinical course, treatment, medical leave, disability etc. Please use appendix if necessary)			
Procedures :			
Plan of Care :			
Specialist Name :			
11. NAME OF MEDICAL OFFICER ID			12. SIGNATURE
			13. DATE
14. OFFICIAL CHOP			15. CERTIFIED BY

1. Dilekatkan pada Rekod Perubatan

2. Dilekatkan pada Kad Pesakit Luar