

DISCHARGE SUMMARY

HOSPITAL SULTANAH AMINAH, JOHOR BAHRU

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)

11. NAME OF MEDICAL OFFICER	12. SIGNATURE
	13. DATE
14. OFFICIAL CHOP	15. CERTIFIED BY