NAME :

m_{tile}

SEX:

DISCHARGE CHECKLIST

DATE OF BIRTH: ADMIT DATE :

ROOM NO.:

MRN :

EPISODE NO.:

			Rep	orts	
	Date of X-Ray	No. of Films	Yes	No	Remarks
X-RAY			1	X	
▲ Chest					
as Official				***************************************	
▲ Ultrasound					
Officeodife					
▲ MRI	And the second of the second o				
WIKI					
▲ CT Scan					. 2
A C1 Scan					
A D. C. V.D.					
▲ Pt Own X-Ray					ζ3
▲ Angiogram	A				
DIAGNOSTIC					
A G: 70					
▲ Stress Test (original)					
	· · · · · · · · · · · · · · · · · · ·				
▲ Holter (original)					
▲ CD/PTCA/OGDS/COLONOSCOPE					
▲ CD/Angio/OGDS/COLONOSCOPE					
HEALTH EDUCATION					*Birth Notification Form given to:
					Name:
☐ Diet	IV				
□ Physio / Ambulation				97.7	
☐ Wound Care / Episiotomy					
☐ Urinary Catheter / Ryle's Tube Feeding				Relationship:	
☐ Breast Feeding					
☐ Medication				Signature:	
☐ Branula / Chemoport Needle / CVL removed					Others / Follow-up A & E
				1	
☐ ID Band removed	TO THE REAL PROPERTY OF THE PR				
☐ Appointment / Date	Ti	me:			
				-	
☐ Medical Certificate Issued:					
From:	To:				

Acknowledge by:		Dis	scharge	by:	
					·
(0)	WALLES AND ADDRESS OF THE PARTY				
(Signature)		(N	ame in	full)	10
		Da	te:		
Name in full	The second second	Da			
Relationship:					
readonomp.					