

10. Course in the Wards:

11. Pertinent Laboratory and Pertinent Diagnostic Findings: (CBC, Urinalysis, Fecalalysis, X-ray, Biopsy, etc.)

12. Surgical Operation:

Date:

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 AM/PM

Printed Name & Signature of Surgeon

Type of Anesthesia:

Printed Name & Signature of Anesthesiologist

13. Discharge:

a. Date:

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 AM/PM

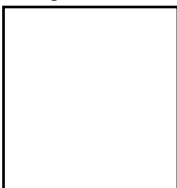
c. Final Diagnosis: _____

d. Condition on Discharge: _____

e. Signature of Attending Physician: _____

14. Signature or Right Thumbmark of patient or his/her representative:

Printed Name & Signature of Patient or his/her Representative



Right thumbmark

(In case patient and representative could not write)

Printed Name & Signature of Witness to Thumbmark