

ent To:

OUT DOOR PATIENT TICKET DHIS-02 (F)

District _____

CRP No: 1495

Facility Name PHC

08/01/2020

Name M. N. M.

Age: _____ Sex: _____

Father's/Husband's Name _____

Monthly OPD Serial No. PHC

Provisional Diagnosis: _____

Date

Clinical Findings / Investigations / Treatment / Referred / Test Findings

H/o # PHC Chloroform
in condition of BO 2 5 days
15 voran 20
15 Abol 3
Chloroform 20 28
15 voran 2

Senior Medical Officer
City Hospital Lakki Marwat



ent To:

OUT DOOR PATIENT TICKET

DHIS-02 (F)

District _____

CRP No: _____

799

Facility Name _____

Name _____

Age: _____

Sex: _____

9/2/2020

Father's/Husband's Name _____

Monthly OPD Serial No. _____

Provisional Diagnosis: _____

Name

Date

City Hospital, Lakki Marwat

Date

Clinical Findings / Investigations / Treatment / Referred / Test Findings

Dr. Calcareo

Dr. Subhadra

Dr. Subhadra

Dr. Subhadra

