HTK/579

HOSPITAL TANJONG KARANG

TARIKH : .....
NAMA : .....
NO.KP/UMUR : .....

R	Y	G1	G2	G3	ASTHMA	*INFECTION CENTRE*	OSCC

ADUAN PENYAKIT : .....
MASA *PRIMARY TRIAGE* : .....
MASA SECONDARY TRIAGE : .....
MASA BERJUMPA DOKTOR : .....

CATATAN:.....

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