**Record of death case discussion**

Department: Bed No.: Time of discussion: Time of date

Place of discussion:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient name: | | | Gender: | Age | Hospitalization Number: | Admission time: |
| Current Diagnosis | |  | | | | |
| Purpose of discussion | |  | | | | |
| Moderator (name,  Professional (technical) title | |  | | | | |
| Participants (name,  Professional (technical) title | |  | | | | |
| Discuss  On  Nei  Rong | 1) Medical history report: (chief complaint, diagnosis, physical examination, relevant examination)  2) Purpose and content of the discussion: | | | | | |
| Conclusion |  | | | | | |
| Dean  Opinion | (Signed): | | | | | |

Compere: Recorder: Recorder: Time: Year Month Day Time