

**IMMACULATE MEDICO SURGICAL CLINIC**

**Padre Diaz St. Zone 6, Bulan, Sorsogon**

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT NO:** | ${id} | **DATE** | ${date} |
| **NAME** | ${name} | **AGE** | ${age} |
| **ADDRESS** | ${address} | **SEX** | ${sex} |
| **CONTACT NO.** | ${contact} | **BIRTHDATE** | ${bday} |

**VITAL SIGNS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BP** | **CR** | **RR** | **T** | **WT** | **HT** |
| ${bp} | ${cr} | ${rr} | ${t} | ${wt} | ${ht} |

|  |  |
| --- | --- |
| **SYMPTOMS** | **DIAGNOSIS** |
| ${sypmtoms} | ${diagnosis} |

**MEDICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICINE NAME** | **DOSAGE** | **UNIT** | **DURATION** |
| ${medname} | ${dosage} | ${qty} | ${duration} |

**Prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OVER PRINTED NAME**