**Name: ………………………………….…….. Diagnosis: ……………………………………**

**ID: ……………………………………………... Date: …………………………………………..**

**CTH protocol: …………………………………**

**Due Date: ……./ ……/…………….**

|  |  |
| --- | --- |
| **Required Investigations:** | **Date** |
| * **CBC √** |  |
| * **LFT** |  |
| * **KFT** |  |
|  |  |

**Take Home Medications**

* **Drug** **Dose/unit : Route**

Amount- tablet/ capsul (+/- every)  **Days:**  **Special note:**