



INSTITUT JANTUNG NEGARA
National Heart Institute

Pacemaker ICD Wound Inspection

Date _____

PATIENT'S INFORMATION
(Please Stick Label)

Dear doctor,

This patient had a pacemaker ICD inserted on _____

Diagnosis _____

Could you kindly do a wound inspection in one week's time

on _____

Thank you.

Yours sincerely,

Senior Registrar

Ward _____

*Your Heart...
Our Passion*