|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **DEATHS** | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
| IP DEATH |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| YHNO |  | | |  | CAUSE OF DEATH |  | | | |
|  |  |  |  |  |  |  |  |  |
| IP NO |  | | |  | DIAGNOSIS |  | | | |
|  |  |  |  |  |  |  |  |  |
| PATIENT NAME |  | | |  | REMARKS |  | | | |
|  |  |  |  |  |  |  |  |  |
| PATIENT TYPE |  | | |  | REFERAL  DOCTOR NAME |  | | | |
|  |  |  |  |  |  |  |  |  |
| WARD/AREA |  | | |  |  |  |  |  |
|  |  |  |  |  |  | SAVE |  | CLEAR |
| CONSULTANT |  | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| RMO/MA |  | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| COUNSELED BY |  | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| DATE OF DEATH /TIME |  | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |