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| **DEPARTMENT** |
| EYE |
| HEART |
| BONES |
| CANCER |
| EAR |
| CHEST |
| BRAIN |

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| --- |
| **PERSON** |
| **NAME** |
| GENDER |
| AGE |
| WEIGHT |
| CONTACT |
| ADDRESS |
| DATE |

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| --- |
| **HOSPITAL** |
| NAME |
| ADDRESS |
| CONTACT |
| SPECIALIZATION |
|  |
|  |

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| **ROOMS** |
| ICU |
| WAITING ROOM |
| OPERATION THEATER |
| REST AREA |
| LABS |
|  |

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| **DOCTOR** |
| SPECIALIST |
| ROOM NO |
| LOCATION |
|  |
|  |

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| --- |
| **PATIENT ID** |
| NAME |
| AGE |
| PROBLEM |
| PAST PRESCRIPTION |
| UPDATES |
|  |

MEDICINES AND EXIT

SURGERY

NURSE

RECEPTIONIST AND FRONT DESK OFFICE