



## NURSING SERVICES

### DANGEROUSLY ILL LIST (DIL)

I / We have been informed by Consultant In Charge \_\_\_\_\_

that Mr/Mrs/Miss \_\_\_\_\_ (patient's Name)

Identification No. \_\_\_\_\_ is critically ill.

\_\_\_\_\_  
Patient's Guardian/Relative  
Date:

\_\_\_\_\_  
Primary Consultant  
Date:

\_\_\_\_\_  
Witness  
Date: