

## ATTENDING PHYSICIAN STATEMENT (If more space is needed please attach a separate sheet)

Physician Name	DR HA WIMOLCHAIJIT		
Address	SYNABART SAINAKARIN HOSPITAL		
Telephone no.		Fax no.	

Patient's Name	[REDACTED]		
Date of Birth (mm/dd/yyyy)	16 Nov 1983	Identification No.	[REDACTED]

PLEASE PROVIDE COPIES OF ALL MEDICAL RECORDS AND TEST RESULTS.

Dates Attended (mm/dd/yyyy)	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
20/6/2023	Consult about liver cyst	Unknown	Liver cyst. Gallbladder Polyp	Follow up by ultrasound every 6 months.
8/11/2023	Follow up		Liver cyst Gallbladder polyp	— " —
24/4/2024 (dd/mm/yyyy)	Follow up		— " —	— " —

When did you start treating this patient?		20 JUNE 2023 , Follow ultrasound abdomen every 6 months	
First Date (mm/dd/yyyy)	20 JUNE 2023	Reason(s)	Follow up.
Last Date (mm/dd/yyyy)	24 Apr. 2024	Reason(s)	Follow up size of Gallbladder polyp and liver cyst.

# CHARLES MONAT

Please provide the most recent records of:				
Date (mm/dd/yyyy)	Blood Pressure		Height	Weight
24/4/2024 (dd/mm/yyyy)	Systolic (mm Hg) 129	Diastolic (mm Hg) 83	160 cm	51.6 kg

Please list current medications (if any):
—

Laboratory Findings: including X-rays, ECG, and pathological reports, etc, with dates (mm/dd/yyyy).
U/S abdomen (24 Apr. 2024) : No significant change Compare with previous study.

Present condition, if known (include sequelae and complications of reported illness).
Healthy.

Have other medical practitioners been consulted? If so, please provide the physician's name, date (mm/dd/yyyy), reason for consultation, and address, if known.
—

# CHARLES MONAT

Please record any other information which might have a bearing on this person's health.

Healthy

Physician Name	Date (mm/dd/yyyy)
ดร. วิมลชัยจิต	25 May 2024
Physician Signature	Clinic / Hospital Stamp
ดร. วิมลชัยจิต นพ.เดชา วิมลชัยจิต DECHA WIMOLCHAJIT, MD. 1.33767	