Authorized By Last Modified By Print Date / Time

: Dr.Sheikha Ali Mohmmed

: Dr.Sheikha Ali Mohmmed

: 12/10/2022 09:29

Signature Signature Logged User

: SER\_79619





## **Armed Forces Hospital**

## Discharge/Disposal Certificate

**Patient ID** 

: 0100594802

**Patient Name** 

: MRS Safaa Mohammed Saleh

Al-shkali

Gender

: Female

Age

: 34Y

:

**Encounter ID** 

: 437271920003

**Encounter Type** 

**Admission Date** 

: 12/10/2022 07:38

**Discharge Date** 

: Outpatient

Location

: FEMAL INFERTILITY CLINIC

Specialty

: Obst & Gynae

Attending Practitioner : Dr.Sheikha Ali Mohmmed

**Note Type** 

: Obs Discharge Disposal Certif Med/Anc Service

: FEMALE CLINIC

Date/Time

: 12/10/2022 09:25

Performed By

: Dr.Sheikha Ali Mohmmed

## **DISCHARGE / DISPOSAL CERTIFICATE**

Patient Service No:

: D2-90382

**OUT-PATIENT** 

Reviewed On

12/10/2022 09:25

Clinic

IN-PATIENT

**Admitted On** 

Discharged

**NEXT REVIEW/ADMISSION APPOINTMENT** 

Date

Clinic/Ward:

DISPOSAL

Fit For Duty

**Light Duty For** 

**Light Duty From** 

To

**EXCUSED FROM** 

**Excused For** 

**Excused From** 

To

Sick Leave For

: 2 days

Sick Leave From

12/10/2022

: 13/10/2022

DIAGNOSIS/BRIEF SUMMARY OF HOSPITAL FINDI NGS AND TREATMENT

**Brief Summary** 

gyn rev

Further Recommendations: