

Medical Details

1. Name of patient: _____ Sex: _____
-I/C N° : _____ Age: _____

2. Patient history: _____

3. Chief Complaints: _____

4. Sign: _____

Vital Sign:

T: _____ °C P: _____ /min R: _____ /min Bp: _____ mmHg

1) Positive Sign by physical examination:

5. Dates of hospitalization:

- Admitted on _____ at _____ (a.m./ p.m.)

- Discharged on _____ at _____ (a.m./ p.m.)

6. Diagnosis:

Admitted Diagnosis: _____

Discharged Diagnosis: _____

7. Hospitalization was recommended by: _____

DETAILS OF EXPENSES FOR THE PATIENT:

8. Type of accommodation: ordinary room _____ Intensive care room _____

9. Board and room fees (room, food and general nursing services)

Daily cost _____ Number of days _____ total cost _____

10. Doctor visit fee: _____

11. Operating room fee: _____

12. Detail doctors fees (surgeon, anesthetist):

Surgeon: _____

Anesthetist: _____

Other: _____

Total: _____

13. Cost of medicines used hospitalization/treatment

Date	Time	The List Of Treatments And Medicines (Including Quantity And Using Method)	Name Of Attending Physician	Cost (US\$)

Date	Time	The List Of Treatments And Medicines (Including Quantity And Using Method)	Name Of Attending Physician	Cost (US\$)

14. Examinations undertaken during hospitalization/treatment

X-ray: _____

Lad test: _____

Blood test: _____

Echography: _____

15. Other expenditures related to treatment and /or hospitalization:

Total amount: _____

Date: _____

Name and signature of physician or stamp
