

SOUTHERN PHILIPPINES MEDICAL CENTER

J.P. Laurel Ave., Bajada Davao City

Hospital System Training and Orientation

Type of System: ☐ HIS ☐ WRIS ☐ DMS ☐ PACS ☐ DTR ☐ Others:_____

Title : _____

Date : _____ Time : _____ Venue : _____

Item No.	Name of Participant	Department	Signature	Remarks
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Conducted by : _____
(Name and Signature) (Name of Office)

Approved by : _____
(Section Head/Head Nurse/ Chief Resident/ Division Head)