

CONSULT XP

ADDRESS

ADVICE FORM

DR NAME : DoctorName

SPECIALIZATION : SPECIALIZATION

Date: Date

QUALIFICATION : QUALIFICATION

PATIENT NAME : PATIENT NAME

PATINET UID : PATINET UID

AGE /SEX : AGE /SEX

BP : BP

COMPLAINTS : COMPLAINTS

TEMP : TEMP

DIAGNOSIS : DIAGNOSIS

SPO₂ : SPO₂

R R : R R

PRATE : PRATE

WGT : WGT

ADVICE

ADVICE