

ROYAL GOVERNMENT OF BHUTAN NAME OF HCC DZONGKHAG

Discharge Sheet

Name	Age/Se	X		IPD Reg. No.
Diagnosis			ICD 10	
Date & Time of Admission		Date &	Time of Discharg	ge
Treatment given				
Result				
Investigation done				
Instruction on Discharge				
Follow Up				
				Name & Signature

Name & Signatu Designation BMHC