



สำนักงานสาธารณสุขจังหวัดอุบลราชธานี  
โรงพยาบาลสุภะสิทธิ์ประชาน์

Sunpasitthiprasong Hospital

122 Sunpasit Road, Naimeuang, Meuang district, Ubonratchathani Thailand

Tel : 045-244973 ; Fax : 045- 254470

INITIAL MEDICAL EXAMINATION REPORT (ใช้ประกอบใบเคลมประกันIPD/ER)

Date : .....Ward : .....Room/Bed no : .....

Patient' s name : .....Age : .....Sex : .....Date of Birth.....

H.N.....A.N.....Admission Date : .....

Presenting Symptoms and duration : .....

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Underlyind Condition (S) : .....

Significant physical examination : V/S : .....T: .....C PR : ...../min BP : .....mmHg

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Laboratory and X-ray investigations : .....

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Initial diagnosis : .....

Treatment : .....

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Further treatment plain : .....

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Expected length of stay : .....Day(s)

Dr. ....MD

Physician' s License number : .....

The Attending Physician : .....Department