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**HOSPITAL PENGAJAR UPM**

**BORANG PENYERAHAN REKOD PERUBATAN PESAKIT**

Nama Wad/Klinik : …………………………………………………………………………..

No. Telefon : …………………………………………………………………………..

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| **BIL** | **NAMA PESAKIT** | **MRN** | **SEMAKAN UNIT REKOD** | **CATATAN** |
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**Nota: Sila tambah senarai bilangan di muka surat berikutnya.**

Tandatangan dan Cap : ……………………………………………………………

Nama Penyelia Wad/Klinik : …………………………………………………………..

Jawatan : …………………………………………………………..

Tarikh : …………………………………………………………..

PERAKUAN : Saya akan bertanggungjawab di atas keselamatan / kehilangan fail ini dan

akan mengikut segala peraturan Unit Rekod Perubatan, HPUPM

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| **Untuk kegunaan Unit Rekod Perubatan** |

Tandatangan Petugas : ……………………………… Tandatangan Penerima : ………………………………

Nama Petugas : ……………………………………….. Nama Penerima : ……………………………………….

Tarikh : …………………………………………………… Tarikh : ………………………………………………………

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