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|  | **CLINICAL SUPPORT SERVICES**  **HOSPITAL PENGAJAR UPM** | **SERIAL NO:** |
| **INCIDENT REPORTING ”PRESCRIPTION SLIP’** |

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| To : |  | Department / Ward: |  |

**Issue(s)/Comment (s):**

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| Please Take Note | Others: |  |  | Name & Stamp: | |  |
| Please Take Necessary  Action |  |  |  |  | |  |
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|  |  |  |  | Date | |  |
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