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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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