PATIENTS' REGISTER

Hosp. No.	PATIENT Surname First Name and Initial	ADDRESS	Date Admitted	Hour	Room No.	Religion	Color	Sex	Civil State	Age	Occupation	Nationality	RELATIVE or FRIEND

FORM A-163

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PATIENTS' REGISTER

	How Related	Address	Phone	Pay Part Pay Free	Attending Physician	ADMITTING DIAGNOSIS	Date of Operation	Condition on Discharge	DISCHARGE DIAGNOSIS	Days in Hosp.	Date Discharged