PRP-BOR-38/B

ANAESTHETIC ASSESSMENT CONTINUATION SHEET MINISTRY OF HEALTH MALAYSIA

Name:	· · · · · · · · · · · · · · · · · · ·	Age:
I/C:		Sex:
R/N: Wa	rd:	Unit:
Problem List		
Assessment		

Date: _____ Time: ____ Anaesthetist: ____

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