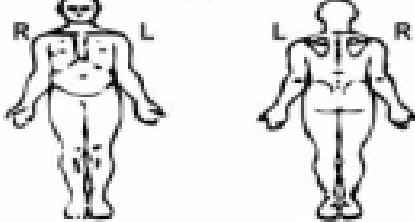


# مستشفى مارينا الاهلي

Patient ID Label

قسم الإسعاف والطوارئ  
نموذج معالجة المريض

مكان الشكوى أو الألم



Past History:

HTN  D.M  Allergic

Surgery: .....

Others: .....

Seen time by Dr. ....

TIME/ Record	B.P	H.R	R.R	Temp.	Other

Chief Complain: .....

Physical Examination, .....

Medication pre - arrival .....

Dr. Order & Medication .....

Procedure & Lab test .....

Diagnosis .....

Discharge medication .....

Dr. Name & Signature: .....

Nursing Note: .....

Name & Signature: ..... Time: .....

Discharge  Admission to: ..... Referral to: .....