

Borang Permohonan Maklumat Pesakit daripada *Pharmacy Information System (PHIS)*

Jabatan Farmasi, Hospital Duchess of Kent, Sandakan

Nama Pesakit	
Nombor Kad Pengenalan Pesakit/RN	
Ward/Unit	
Maklumat yang diperlukan	<input type="checkbox"/> <i>Medication Profile</i> <input type="checkbox"/> <i>Last Medication Collection Date</i> <input type="checkbox"/> <i>Adverse Drug Reaction</i> <input type="checkbox"/> <i>Drug Allergy</i> <input type="checkbox"/> <i>Therapeutic Drug Monitoring</i> <input type="checkbox"/> Lain-lain. Nyatakan: _____

Dipohon oleh: _____ (Cop & Tandatangan Pemohon) Nama Pegawai Perubatan: Wad/Unit: No. Sambungan wad/unit: Tarikh: Masa:	Diterima oleh: _____ (Cop & Tandatangan Penerima) Nama Pegawai Farmasi: Tarikh: Masa:
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*Declaration/Disclaimer: All the information provided is solely based on PHIS and might not reflect the latest information. Every effort is made to ensure the accuracy of information provided. Pharmacy department shall not hold responsibility for errors, omissions or inaccuracies in these information provided. The information provided does not replace the need for clinical judgement and consultation for expert advice.