



บริษัท เมืองไทยประกันชีวิต จำกัด (มหาชน)  
 250 ถนนรัชดาภิเษก แขวงจันทริกวัง กรุงเทพมหานคร 10310  
 โทร. : 0 2274 8400, 0 2276 1025 โทรสาร : 0 2276 1997-8  
 Muang Thai Life Assurance Public Company Limited  
 250 Rachadapisek Rd., Huaykwang, Bangkok 10310  
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 ทะเบียนเลขที่ 0107556000406

## ส่วนที่ 2 Physician Discharge Summary

<b>ถึง</b>	บริษัทเมืองไทยประกันชีวิต จำกัด (มหาชน) Fax 0 2693 2733 โทรศัพท์ 0 2290 2354 - 0 2290 2357	<b>จาก</b>	โรงพยาบาล.....ห้อง..... หมายเลข.....
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Patient's Name: ..... HN..... AN.....  
 Admission Date ..... Time..... Discharge Date..... Time.....

**Please give detail relating to this treatment \* Please uses medical terminology**

For Illness : 1. Date you first saw this patient for this illness : .....  
 2. Chief complaint and duration of symptoms.....  
 3. In your opinion, how long should this symptoms persist for this illness.....

For Accident : 1. Date & Time of accident .....Date & Time you first saw this patient.....  
 2. Cause of accident, nature of wound and injured organs.....  
 3. Was the patient under the influence of alcohol or drug at the time of arrival to the hospital? ( ) No ( ) Yes.....

Pertinent Clinical findings (Symptoms & Signs).....  
 .....

Underlying diseases.....

Investigations/Pathological studies.....

Diagnosis 1. ....ICD10 ..... Diagnosis 2.....ICD10 ..... Diagnosis 3.....ICD10.....

(Please fill the diagnosis that treated on this admission, not including the underlying diseases or conditions not treated: please ranking from the most important dx to the less one )

Treatment.....Surgery.....  
 .....ICD- 9CM or 10 TM.....

Result/Complications.....

Is the illness related to alcohol, drug abuse or addiction ? ( ) No ( ) Yes.....

For Female is the patient pregnant? ( ) No ( ) Yes..... GA.....Wks

Was the treatment relate to infertility? ( ) No ( ) Yes.....

HIV ( ) Not done ( ) Done Result.....

Has patient ever been treated by other doctors before? ( ) No ( ) Yes, please give name and address.....

**Past History**

Date	Signs & Symptoms	Diagnosis	Treatment	Physicians

For accident: Estimated time for recovery.....

Other comments.....

Signature..... Medical License No.....  
 (.....) Date .....