

## Hualien Armed Forces General Hospital Post-Discharge Subsequent Diagnosis Project

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Name : \_\_\_\_\_ M/F Age : \_\_\_\_\_ MRN# : \_\_\_\_\_

Date of hospitalization : \_\_\_\_\_ Date of discharge : \_\_\_\_\_

Diagnosis at Discharge :

Operation or treatment : \_\_\_\_\_ Date : \_\_\_\_\_

The medicine taken at discharge :

Subsequent diagnosis date: \_\_\_\_\_, \_\_\_\_\_ Attending Physician

Area/Dept./room: area \_\_\_ ; Dept. \_\_\_ Room \_\_\_ Appointment No. \_\_\_\_\_

Subsequent diagnosis date: \_\_\_\_\_, \_\_\_\_\_ Attending Physician

Area/Dept./room: area \_\_\_ ; Dept. \_\_\_ Room \_\_\_ Appointment No. \_\_\_\_\_

Subsequent diagnosis date: \_\_\_\_\_, \_\_\_\_\_ Attending Physician

Area/Dept./room: area \_\_\_ ; Dept. \_\_\_ Room \_\_\_ Appointment No. \_\_\_\_\_

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other notices :

**Please take this list with you to subsequent appointments for the  
Doctors reference.**

Wishing you health and peace.

Department : \_\_\_\_\_ Attending Physician : \_\_\_\_\_ Resident Doctor : \_\_\_\_\_

\* If you have any emergency situations or questions after discharge, please call: (03)  
8263151 ext. \_\_\_\_\_ to contact the attending physician or resident doctor.