

# Hualien Armed Forces General Hospital

## Treatment Certificate of the Outpatient/Emergency Department

Name	Sex	Date of Birth	Nationality	ID.Card No./ Passport No.	MRN <sup>#</sup>
Service Unit					
Section			Date of OPD/ER Visit	A.M.  P.M.	
Signature & Seal Of doctor			Seal of the Nursing Chief of the OPD/ER		