

Admitted Data.....D/C Date.....D/C Status.....F/U Date () No () Yes.....	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">สาเหตุ/ ปัญหาแรกเริ่ม :</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Investigation : (Routine Lab, Specail Investigation, X-ray, U/S, CT Scan)</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">การรักษา :</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Home Medication :</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Final Diagnosis :</div>	
	Physician..... <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">ศตึกเกอร์</div>

Admitted Data.....D/C Date.....D/C Status.....F/U Date () No () Yes.....	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">สาเหตุ/ ปัญหาแรกเริ่ม :</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Investigation : (Routine Lab, Specail Investigation, X-ray, U/S, CT Scan)</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">การรักษา :</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Home Medication :</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Final Diagnosis :</div>	
	Physician..... <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">ศตึกเกอร์</div>