

	<b>HOSPITAL SULTAN ABDUL AZIZ SHAH</b> <b>UNIVERSITI PUTRA MALAYSIA</b> <b>Document Code: HSAAS/UKPR/SL09</b>	<b>SERIAL NO:</b>
	<b>INCIDENT REPORTING PRESCRIPTION SLIP</b>	

To :

Department / Ward:

**Issue(s)/Comment (s):**

<input type="checkbox"/> Please Take Note  <input type="checkbox"/> Please Take Necessary Action	Others:	<b>From</b>  Name & Stamp:   Date:
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