

	<b>HOSPITAL SULTAN ABDUL AZIZ SHAH</b> <b>UNIVERSITI PUTRA MALAYSIA</b> <b>Document Code: HSAAS/OAG/BR180</b>
	<b>NEWBORN DISCHARGE FORM</b>

**Baby's particular**

Name : \_\_\_\_\_

RN : \_\_\_\_\_

D.O.A : \_\_\_\_\_

D.O.B : \_\_\_\_\_

Gender : Boy/Girl/Indeterminate

Baby allowed discharge from Hospital Sultan Abdul Aziz Shah, UPM (HSAAS)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Mother's Particular**

Name : \_\_\_\_\_

IC. No/ Passport No. : \_\_\_\_\_

I hereby as above information is true.

I will bring my baby boy/ girl/ indeterminate discharge to home.

Mother's signature

Father's signature (If mother not around)

\_\_\_\_\_

\_\_\_\_\_

Father's name: \_\_\_\_\_

IC. No / Passport No: \_\_\_\_\_

Responsible person	Identify Mother and Baby	Name, signature & stamp
Release by O&G staff	Checked ID band mother & baby correctly	
Release by security guard at ward witness by O&G staff	Removed ID band mother & baby after identifying by security	