



Tracer Card
መከታተያ ካርድ

Facility Name _____
የጤና ተቋም ስም _____

Medical Record Number _____
የህክምና ካርድ ቁጥር

Patient's Name _____
የታካሚ ስም _____

[illegible]

Terms of Use of MRs:

All Medical Records that will be taken from the MR Unit will have a destination (department name and/or healthcare provider's name) and a date. This form should be completed prior to any kind of withdrawal of MRs. Loss, miss use, or failure to return the MR will be responsibility of the receiver.