



# GÜNDOĞAY

## AĞIZ VE DİŞ SAĞLIĞI POLİKLİNİĞİ

### EPICRISIS

Patient Name-Surname:

Father's Name:

Birth Date:

ID Card No:

Patient ID No:

Insurance No:

Sex: Male

Nationality:

Address:

Admission Date:

Discharge Date:

#### REASON OF ADMISSION

#### STORY:

#### Treatment Report:

Admitted Department: Dental  
Dt. Ibrahim GUNDOĞAY

Dt. İlksen KORUK