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|  | (Name of RCHD) |
| **Death and Discharge Record** |

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| **Death/ Discharge** | **Name of resident** | **HKIC No.** | **Sex/Age** | **Date and place of hospitalisation(if applicable)** | **Date of death/ discharge andplace of death** | **Reason of death/Place of discharge to andsource of information** | **Remarks** |
| ☐Death☐Discharge |  |  |  |  |  |  |  |
| ☐Death☐Discharge |  |  |  |  |  |  |  |
| ☐Death☐Discharge |  |  |  |  |  |  |  |
| ☐Death☐Discharge |  |  |  |  |  |  |  |
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| ☐Death☐Discharge |  |  |  |  |  |  |  |
| ☐Death☐Discharge |  |  |  |  |  |  |  |