

# **Standard Form for the International Standardized Nomenclature of Medicine**

**Section 1**  
 Name of the patient

**Section 2**  
 Date of birth

**Section 3**  
 Name of the physician  
 Name of the hospital  
 Name of the department

Date  
 Time

Name of the patient  
 Date of birth

Name of the physician  
 Name of the hospital  
 Name of the department

Name of the patient  
 Date of birth  
 Name of the physician  
 Name of the hospital  
 Name of the department

Name of the patient  
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