

OFFICIAL DOCUMENT

CANCELLATION FORM OF ORDER FOR DISEASE PREVENTION AND CONTROL
UNDER NOTIFICATION OF THE MINISTRY OF PUBLIC HEALTH PRESCRIBING CRITERIA, PROCEDURES AND
CONDITIONS OR REGULATION OF COMMUNICABLE DISEASE CONTROL OFFICERS B.E. 2560 (2017)

Document No.

Address.....

Date.....

SUBJECT Cancellation of order for disease control and prevention

TO

ATTACHMENT Copy of order for disease control and prevention

Based on the order for disease control and prevention in the document no.
..... date..... as detailed in the attached document which ordered you to
.....
.....
.....
.....

Currently, you have finished the order for disease control and prevention already, the
authorizing official will cancel the order in the document no.
date.....since you receive this order onwards.

Signature.....

(.....)

Authorizing official