

REPUBLIC OF RWANDA
MINISTRY OF HEALTH
Health Center: SOVU
CBHI: HUYE

CBHI Code: **0204/06/08261/07**

Patient: **NYIRABENDA ALICE**

Family Chief: **NYANDWI GEMIMA**

File Number: 08261

Age: **13 yrs**

Family Category: **3**

Service: **CPC**

Sex: **Female**

Village: **KIGWENE**

Cell: **TARE**

Sector: **MBAZI**

District: **Huye**

Document Number: 20151204A131

No Previous Record

Details on received acts

Date	ITEM		Diagnostic: NC <input type="checkbox"/> AC <input type="checkbox"/> PECIME <input type="checkbox"/> Hosp. <input type="checkbox"/>			
	Temperature(°C):	Weight(Kg): 30	Principal:			
			Secondary:			
2015-12-04	CPC Jour <input type="checkbox"/>	CPC Nuit/WE <input type="checkbox"/>	Consultation CPN <input type="checkbox"/>	Register No: <input type="text"/>		
	Exam:					
	Medicines:					
	Consumables:					
	Hospitalization: Days and Type: Date In:/...../..... Date Out:/...../.....					
	Other:					
	Decision: Sortie Definitif <input type="checkbox"/> Transfer Avec Ambulance <input type="checkbox"/> Transfer Sans Ambulance <input type="checkbox"/>					

Date: 2015-12-04

Nurse's Name & Signature

Beneficiary's Name: NYIRABENDA ALICE