

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

CBHI Code: **0204/06/06104/03**

Patient: **IGISUBIZO SYLVIE**

Family Chief: **NYANDWI ANASTASE**

File Number: 06104

Age: **5 yrs 11 m**

Family Category: **3**

Service: **CPC**

Document Number:20151204A61

Sex: **Female**

Village: **GITWA**

Cell: **Rusagara**

Sector: **MBAZI**

District: **Huye**

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): <b>20</b>                | Principal:<br>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:<br>Date In: ...../...../..... Date Out: ...../...../.....  |                                      |  |                                   |  |  |
|            | Other:   |                                      |  |                                   |  |  |
|            | Decision:<br>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: IGISUBIZO SYLVIE