**LIFEBRIDGE C. HOSPITAL** Northern Bypass Roysambu **COMPREHENSIVE MENTAL HEALTH / REHABILITATION** Nairobi Behind Treat Hotel

P.O. Box 1079

00600 Nairobi

Phone: 0725133444

lifebridgeke@gmail.com

**TREATMENT RECORD SHEET – PSYC ORAL MEDICATIONS**

NAME OF PATIENT:.............................................. D.O.A: .............................................

DIAGNOSIS: .......................................................................

MEDICA

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