GHANA HIGHWAY AUTHORITY

REGIONAL OFFICE TEL: 03220-2331-2332 (MAIN) P. O. BOX 1914 FAX: 03220-28019 (DIRECT) **KUMASI - GHANA** DATE: THE MEDICAL OFFICER Dear Sir/Madam, **HOSPITAL FORM** The bearer of this note Mr. /Mrs. /Miss Rank: of this Authority report him/herself sick. Kindly examine him/her and report. Yours faithfully, REGIONAL HIGHWAY DIRECTOR. **MEDICAL OFFICER'S REPORT: DETAIL OF EXPENDITURE AMOUNT** LAB CHARGES **COST OF DRUGS HOSPITALISATION** CONSULTATION (OTHER) **TOTAL AMOUNT**

SIGN & STAMP