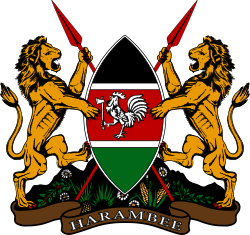
**MIGORI LEVEL IV HOSPITAL**

**Appointments Report**

Date…………………………….………

Appointment Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Doctor** | **Patient** | **Fee** | **Date/Time** | **Created On** | **Current Status** |
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