



PHOENIX HEALTH INSURANCE SCHEME
MEMBERSHIP IDENTIFICATION CARD

Nancy
KORYO AGBERTEY

2017090006

Gender: Female
Health Plan: Unique
Issue Date: 01/07/2018
Expiry Date: 30/06/2019



Tel: 0303 966 075 Email: totalclinic@yahoo.com
Website: www.totalhouseclinic.com
P. O. Box CT 3131 Cantonments Accra

X-RAY REQUEST FORM

Name of Patient Nancy Agberthey

Date 11/07/18 Age 31

Ward

Brief Clinical History Wt joint

Radiological Investigation Requested.....

WGA g pelvis

Medical Officer / Dr. [Signature]

Station / Address.....
TOTAL HOUSE CLINIC
P. O. BOX CT 3131
Cantonments - Accra

X-ray Serial No.....