

# OLJABET HOSPITAL TOWN CLINIC NYAHURURU

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PEDIATRIC

☐

FEMALE

☐

MALE

☐


## OUTPATIENT FILE

OP NO:

NAME: .....

AGE..... GENDER.....

CONTACT \_\_\_\_\_ RESIDENCE \_\_\_\_\_

ID NO \_\_\_\_\_ MEMBER NO \_\_\_\_\_

### DEPENDANTS