

**Republic of Kenya**  
**Ministry of Health**  
**FORM 3G VER. APRIL 2023**  
**MEDICALLY ASSISTED THERAPY TRANSFER/TRANSIT FORM**

#### CLIENT'S DETAILS

Facility Name	Thika Level 5 Hospital
MFL Code	
County	Kiambu
Sub County	Thika Town
Client Name	BONIFACE NGUGI
MAT ID	11094MAT0009
Sex	Male
Date of Birth	1989-07-24
Client Phone	
MAT Clinic Enrolled In	Thika MAT Clinic
MAT Enrollment Date	2023-09-13
Referral Date	2025-12-02
Type of Movement	Transfer Out
From (Referral Site)	Thika MAT Clinic
To (Dispensing Site)	Mombasa

#### TRANSFER NOTES

Reason for Transfer/Transit	NAD
Clinical & Drug Use History	NAD
Psychosocial Background	NAD
Laboratory Investigations	NAD
Vaccinations	NAD
Diagnosis	NAD
Current Dose	80
Date Last Administered	2025-11-04T00:21
Other Medications	

#### TREATMENT TEAM

Designation	Name	Organization	Signature	Date
MAT Clinician	Clinician Clinician	Thika Level 5 Hospital	UA	2025-12-02
MAT Counselor	Bati Bati	Thika Level 5 Hospital	bb	2025-12-02