

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

#### CLIENT'S DETAILS

Facility Name	Faza Hospital
MFL Code	
County	Lamu
Sub County	Lamu East
Client Name	SHALLY STAMBUL
MAT ID	11373MAT00002
Sex	Male
Date of Birth	1960-07-24
Client Phone	
MAT Clinic Enrolled In	FAZA MAT
MAT Enrollment Date	2024-02-14
Referral Date	2026-01-26
Type of Movement	Transfer Out
From (Referral Site)	FAZA MAT
To (Dispensing Site)	Kisauni

#### TRANSFER NOTES

Reason for Transfer/Transit	test
Clinical & Drug Use History	test
Psychosocial Background	test
Laboratory Investigations	test
Vaccinations	test
Diagnosis	test
Current Dose	10
Date Last Administered	2026-01-26T14:27
Other Medications	test

#### TREATMENT TEAM

Designation	Name	Organization	Signature	Date
MAT Clinician	KIMOTHO WILSON	ggg	hh	2026-01-26
MAT Counselor	KIMOTHO WILSON	hhh	hh	2026-01-26