

SURNAME

FIRST NAME

OPD No.

FAITH MEDIPLEX HOSPITAL

1, Gwa-Amu/Airport Road, P.O.Box 4807
Benin City, Edo State, Nigeria.

HOSPITAL No.

PHONE No.

SEX

BIRTH DATE

ADDRESS

OCCUPATION

TRIBE

RELIGION

DATE

HISTORY AND TREATMENT

FEE

DATE

HISTORY AND TREATMENT

FEE