

Booked on
 med assist
 Sun
 3:00 PM



KENYATTA NATIONAL HOSPITAL

KNH: 206 revised

RADIOLOGICAL REQUEST / REPORT FORM

PATIENT NAME:		Priscilla Njeri			Hosp. No.	27 82964	
D.O.B / AGE	GENDER:		WD / CLINIC / PVT		PT. TEL. No.		
Appointment: Date.....Time.....			Portable:		X-RAY No:		
INT No.	Charges		INVOICE No.		RECEIPT / C / S. No.		NHIF No.