

AK2702

D7

A94

TPH 3

HOSPITAAL  
HOSPITAL

Natal spruit

Afdeling  
Ward

5

Lulama Felate

Pasiënt • Patient

Geslag  
Sex

M	V
	F

Oud.  
Age

Pasiëntno.  
Patient's No.

Indeling  
Classification

Geneesheer • Doctor

ADDRESSOGRAPH

Foon  
Phone

OPNEMING • ADMISSION

Opgeneem deur  
Admitted by

Dr. J. Mich

Datum  
Date

9/4/92

Tyd  
Time

Voorlopige diagnose  
Provisional diagnosis

Head injury (# sup. wall of orbit)

Handtekening van geneesheer (indien beskikbaar)  
Doctor's signature (if available)

*[Signature]*

ONTSLAG • DISCHARGE

Datum van ontslag  
Date of discharge

10/4/92

Tyd  
Time

Finale diagnose  
Final diagnosis

Head injury

Handtekening van geneesheer  
Doctor's signature

*[Signature]*

HOSPITAALBEHANDELING GEWEIER • REFUSED HOSPITAL TREATMENT

Ek, die ondergetekende, verlaat die  
I, the undersigned, leave the

-hospitaal op my eie verantwoordelikheid  
Hospital on my own responsibility and

en strydig met die advies van die behandelende geneesheer.  
against the advice of the attending doctor.

Getuies  
Witnesses

1.

Handtekening van pasiënt  
Signature of patient

2.

Datum  
Date

Tyd  
Time

Ek, die ondergetekende, neem die pasiënt  
I, the undersigned, take the patient

uit die  
out of the

-hospitaal op my eie verantwoordelikheid en strydig met die  
Hospital on my own responsibility and against the advice of

advies van die behandelende geneesheer.  
the attending doctor.

Getuies  
Witnesses

1.

Handtekening  
Signature

2.

Datum  
Date

Tyd  
Time

Hoedanigheid  
Capacity

Vir besonderhede van behandeling gebruik vorm T.P.H. 3 (a)  
For particulars of treatment use form T.P.H. 3 (a)

A94

**TOESTEMMING TOT OPERASIE • CONSENT TO OPERATION**

HOSPITAAL HOSPITAL Natalspruit KLINIESE DEPART. CLINICAL DEPT. Surgical AFDELING WARD Casualty

Ek, \* Lulama Fekade die ondergetekende, verleen hiermee my toestemming tot die the undersigned hereby consent to the administration of a toediening van 'n algemene of ander narkose en vir die uitvoering van 'n IVP operasie, general or other anaesthetic and to the performance of an operation,

waarvan die aard en moontlike gevolge aan my verduidelik is en wat ek begryp, op \*myself/my kind/my eggenoot/my eggenote/ the nature and possible effects of which have been explained to me and which I understand, on \*myself/my child/my husband/my die pasiënt Lulama Fekade Ek verleen ook my toestemming tot sodanige verdere of alter- wife/the patient (Naam van pasiënt • Name of patient) I also consent to such further or alternative operative measures

natiewe operatiewe handeling as wat nodig gevind mag word gedurende die verloop van bogenoemde operasie. as may be found necessary during the course of the abovementioned operation.

\*Ek verstaan dat 'n versekering nie gegee is nie dat die operasie deur 'n bepaalde geneesheer gedoen sal word. I understand that an assurance has not been given that the operation will be performed by a particular medical practitioner.

\*Handtekening van pasiënt/vader/moeder/voog/eggenoot/eggenote/naasbestaande (hoedanigheid)/Superintendent. Signature of patient/father/mother/guardian/husband/wife/near relative (capacity)/Superintendent.

\* Lulama Fekade

Getuies Witnesses 1. M. M. Hlokofo 2. P. M. A.

Datum Date 09/04/92 Tyd Time 12H00

\* Haal deur wat nie van toepassing is nie. • Delete that which is not applicable.

**BESONDERHEDE VAN OPERASIE • PARTICULARS OF OPERATION**

Datum Date		Operasiesaal Theatre		Merk met 'n kruisie in toepaslike blokkies Mark with a cross in the appropriate blocks		
					Voltaalig Complete	Nie voltaalig Incomplete
Duur van operasie: Van Duration of operation: From				vm./nm. tot a.m./p.m. to	vm./nm. a.m./p.m.	
Chirurg Surgeon				Deppers Swabs		
Assistent Assistant				Instrumente Instruments		
Aard van operasie Nature of operation				Hegtingsnaalde Suture needles		
Handtekening van Chirurg • Signature of Surgeon				Gebruik en afgehaal Used and removed		Nie gebruik Not used
Narkotiseur Anaesthetist				Toerniket Tourniquet		
Assistent Assistant				Dreineringsbuis Drains		
Aard van Narkose Nature of Anaesthetic				Kateters Catheters		
Handtekening van Narkotiseur • Signature of Anaesthetist				Tamponne Plugs		
				Monsters Specimens		
				Gekontroleur deur (Handtekening en Rang): Checked by (Signature and Rank):		
				(1)	(Opskropverpl.) (Scrub Nurse)	
				(2)	(Mede-kontroleur) (Co-checker)	

# PROGRESS NOTE • VORDERINGVERSLAG

HOSPITAL WARD DATE ADMITTED  
HOSPITAAL SAAL DATUM TOEGELAAT

PATIENT • PASIËNT

PATIENT'S No. • PASIËNT No.

AGE • OUDERDOM

Date  
Datum

Progress notes • Vorderingverslae

Investigations & results  
Ondersoeke & uitsae

9/4/97  
11h45

AM/G

Pt was traumatized bluntly  
on face and <sup>(R)</sup> flank.  
hematuria +ve.  
Loss of consciousness = 1 hour.

Systemic enquiry: Nil of note.

Pm Hx: None

Allergies: None

Social Hx: Smokes  
drinks

Family Hx: Non contributory

O/E BP <sup>102</sup>/<sub>64</sub> Pul 85 47b/min.

Apyrexial  
Jacc R

Cvs - S1 S2 T  
normal

Resp - NAD

Abd: Soft, tenderness only  
<sup>(R)</sup> flank, 0 masses  
B/sounds normal  
contusion over

CNS - Fully conscious GCS - 15/15  
Well orientated - spatially  
- temporally  
- personally

PEARL

- NAD all limbs

PROGRESS NOTE • VORDERINGVERSLAG

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoeke & uitsae
---------------	-----------------------------------	---

~~Dr Head Injury~~

Dr. Head Injury Blunt Abd trauma.

Pute & creatine  
FBC

urinalysis - 3+

IVP

SAR. - sup orbital wall #

Neuro Isenation.

Dr Cioodas

- Please sent pt for IVP after 15 hrs from word. *Maulegn.*

LULAMA FALATI

WARD 5

DATE	TIME	B.P.	PULSE	RESPIRATION	GLASCO COMA SCALE			DRAW PUPIL SIZE	REACTION OF PUPIL TO LIGHT	FRACTION OF LIMBS TO PAIN	SIGNATURE
					E	M	V				
9/4/92	14:10	130/90	80	20	4	6	5	Equal	Both react	All react	D. Maimane 5/11/92
	18:00	100/80	82	20	4	6	5	Equal	Both react	All react	[Signature]
	22:40	100/80	84	22	4	6	5	Equal	Both react	All react	[Signature]
10/4	06:00	100/70	83	21	4	6	5	Equal	Both react	All reacting	Romoglah

# KONTROLEKAART CONTROL CHART

NAAM • NAME: *Lulama Tloue* TPH 117

OPNAMEDAG • DAY OF ADMISSION: *9/4/92*  
OPERASIEDAG • DAY OF OPERATION:

REG. No.: SAAL • WARD: *5*  
DOKTER • DOCTOR: *Koerle*

Siekte dag • Day of illness

DATUM • DATE

*09 10 11 12*

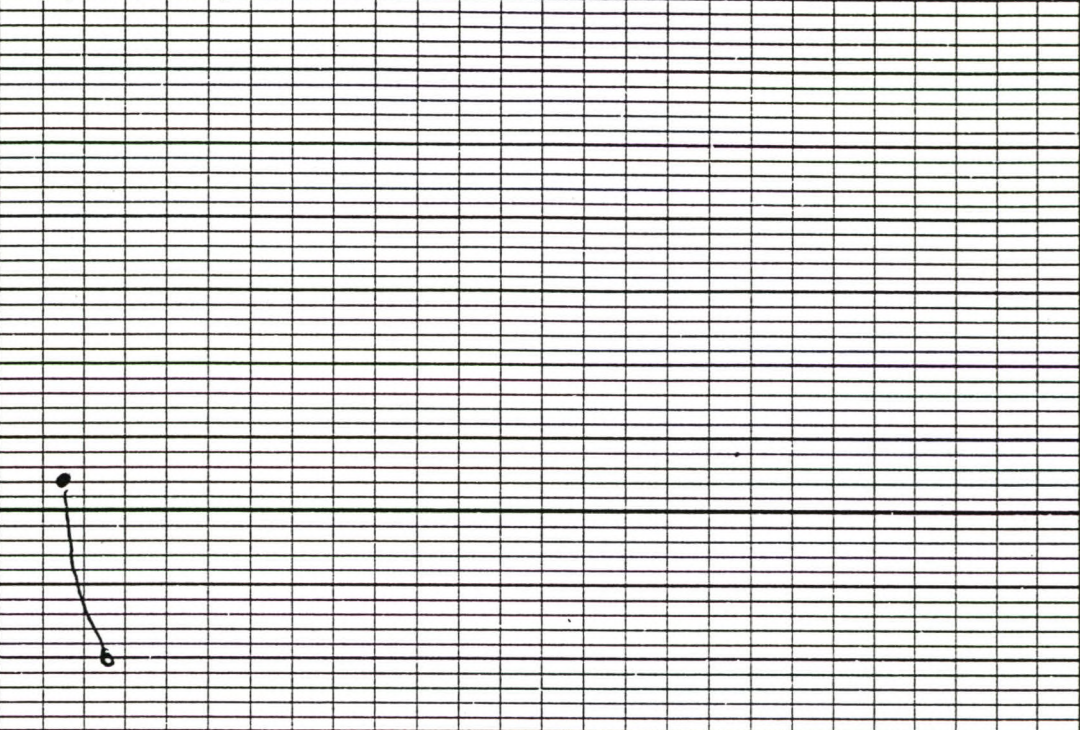
TYD • TIME

*ME ME ME ME*

TEMPERATUUR  
TEMPERATURE

40  
39.5  
39  
38.5  
38  
37.5  
37  
36.5  
36

DATUM DATE	INSTRUKSIE INSTRUCTION



POLS • PULSE

*80 B*

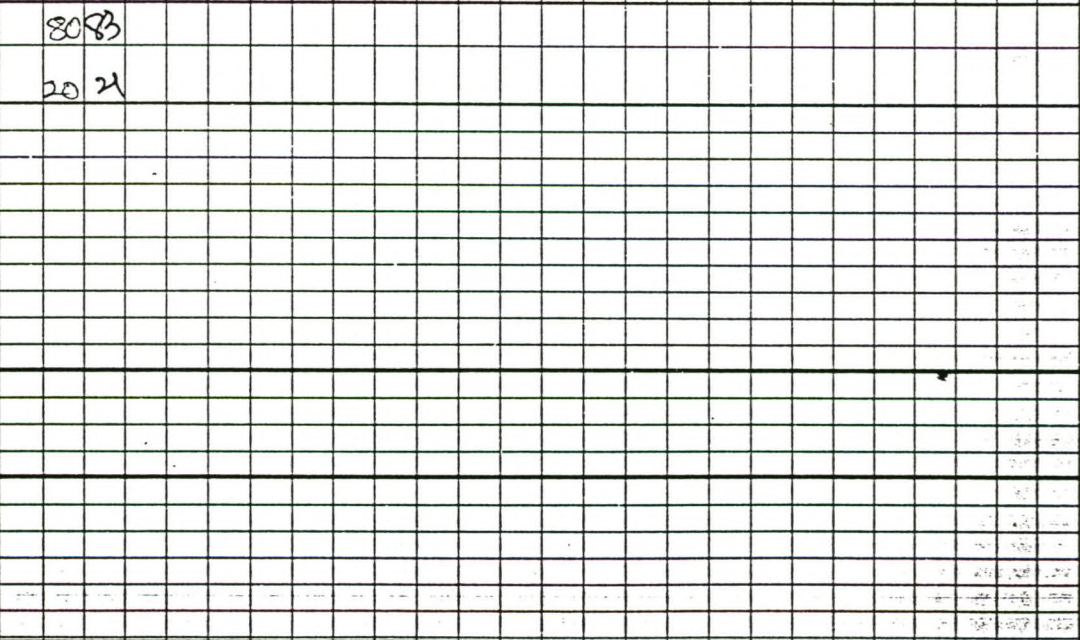
ASEMHALING  
RESPIRATION

*20 21*

BLOEDDRUK  
BLOOD PRESSURE

200  
180  
160  
140  
120  
100  
80  
60  
40

DATUM DATE	INSTRUKSIE INSTRUCTION



STOELGANG • STOOLS

- URINETOETS • URINE TEST
- S.G.
  - KLEUR • COLOUR
  - REUK • ODOUR
  - AFSAKSELS • SEDIMENT
  - Ph
  - ALBUMIEN • ALBUMIN
  - BLOED • BLOOD
  - GLUKOSE • GLUCOSE
  - KETONE • KETONES
  - MASSA • MASS

Handtekening  
Signature



33207/92

A94

ADMISSION FORM T.P.H. 1

PATIENT NO. 161997/9 DR. IN CHARGE Conr. E

Hospital ASIT IDENTIFY NO. AS WARD NO. 05

SURNAME FELIATI DATE OF ADMISSION 9/20/09

CHRISTIAN NAMES LULIANA TIME OF ADMISSION 09:40

RESIDENTIAL ADDRESS—LINE-1 F. 14 Polana Park CLASSIFICATION H

RESIDENTIAL ADDRESS—LINE-2 70 KAZA RE CLASSIFICATION

RESIDENTIAL ADDRESS—LINE-3 1421 DATE OF RECLASSIFICATION

Date of Birth \_\_\_\_\_ Sex  M  F Race W  C  A  Marital state  M  S  W  D Age in Years 25

Maiden Name \_\_\_\_\_ Church \_\_\_\_\_ Congregation \_\_\_\_\_ Minister \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Occupation/Rank None Telephone No. (Home) None Telephone No. (Work) None

Name of next of Kin F. 14 Polana Park State \_\_\_\_\_ Relationship\*  Husband  Wife  Guardian  Friend

Residential Address 70 KAZA Telephone No. \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Referred to hospital by/from Self

ACCIDENT

DATE	TIME	Injury on duty* Road accident*	Place
			<u>None</u>

Reg. number of vehicle used to transport patient to hospital \_\_\_\_\_

REASON FOR ADMISSION\*

Illness  Injury  Attempted Suicide  Assault  Poisoning  Other Reason

SOURCE OF ADMISSION\*

Booked Case  Unbooked Case  Private/Medical Aid Doctor  Transferred

Ex Out-Patients: Own Hospital  Other Hospital  Ex Casualty: Own Hospital  Other Hospital

Department Admitted to: Medical  Surgery  Gynaecology and Obstetrics

Name and Address of Friend \_\_\_\_\_ Telephone no. \_\_\_\_\_

AUTHORITY / INSTITUTION POSSIBLY RESPONSIBLE FOR HOSPITAL CHARGES

SURNAME / INSTITUTION	INITIALS
NAME OF STREET / P.O. BOX AND NUMBER	
SUBURB	
CITY / TOWN	
POSTAL CODE	NAME OF SICK FUND / MEDICAL AID SOCIETY AND MEMBERSHIP NUMBER

PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT

Surname Palante Christian Names Antonia

Postal Address Asit Tel. No. \_\_\_\_\_

Residential Address \_\_\_\_\_

I.D. No. \_\_\_\_\_ Resident Permit/Passport No. \_\_\_\_\_

Other Particulars (eg P.F. Number) \_\_\_\_\_ Occupation None

Name and address of employer \_\_\_\_\_ Tel. No. \_\_\_\_\_

Full name of youngest child at school age \_\_\_\_\_

Name of school which he/she attends \_\_\_\_\_

PARTICULARS FOR CLASSIFICATION

NUMBER OF PERSONS IN HOUSEHOLD (Breadwinner and dependants excluding minor children of 16 years and older who are self-supporting) 3 Age \_\_\_\_\_

ANNUAL GROSS INCOME OF FAMILY by way of salary and allowances, bonus, commission, rent dividends, etc., and/or nett income by way of farming, trade, industry or any business. (Excluding income in respect of minor children of 16 years and older who are self-supporting)

Breadwinner	Month/Week	Year
Wife		
Total family income		

I hereby certify that the above-mentioned particulars furnished by me are to the best of my knowledge true and correct.

Signature: \_\_\_\_\_

If not patient, state: Initials and Surname \_\_\_\_\_

Address \_\_\_\_\_ Relationship to patient Self

FOR OFFICE USE:

Classification and Tariff category on Admission  Per day  Nominal

Admitting Officer \_\_\_\_\_ Checked by \_\_\_\_\_ Date \_\_\_\_\_

Cash Received (Cas. B.D.) 100.00

Receipt no. 3-2600

Date: 9/20/09



1156

Agg

# KWITANSIE - RECEIPT

- N.B.—(1) Pasiënte se klere moet deursoek word vir geld, dokumente en kosbaarhede wat by die Kantoor ingedien moet word waarvoor 'n kwitansie van die ontvangsbeampte verkry moet word.
- N.B.—(2) Die verpleegster wat die register onderteken word aanspreeklik gehou vir die uitvoering van hierdie opdrag.
- N.B.—(1) Patient's clothing must be searched for money, documents and valuables which must be handed in at the Office and a receipt therefor obtained from the receiving officer.
- N.B.—(2) The nurse signing the register is responsible for carrying out this instruction.

5

Pasiënt se Nommer/Patient's No. 67997/92

Naam/Name LULAMA FELATI

Datum van toelating/Date of admission 09-04-92

..... Stewels/Boots	..... Pantoffels/Slippers
..... Kruisbande/Braces	..... Sokkies/Socks
..... Pet/Cap	..... Boprdjieknope/Studs
..... Gebreide onderbaadjie/Cardigan	..... Reistas/Suit Case
..... Boordjie/Collar	..... Sokkiehouers/Suspenders
..... Mansjetknope/Cuff-links	..... Das/Tie
..... Kamerjapon/Dressing Gown	..... Broeke/Trousers <u>RED.</u>
..... Sakdoeke/Handkerchiefs	..... Onderbroeke/Under Pants
..... Hoed/Hat	..... Onderhemp/Vest
..... Baadjie/Jacket	..... Onderbaadjie/Waistcoat
..... Trui/Jersey <u>BLUE</u>	<u>TAWN SKIPPERS</u>
..... Jas/Overcoat	
..... Pyp/Pipe	
..... Reisdeken/Rug	
..... Serp/Scarf	
..... Hemp/Shirt	
..... Skoene/Shoes	

Datum/Date 09.04.92.

[Signature]  
 Vir Direkteur van Hospitaaldienste  
 For Director of Hospital Services

Ek erken dat my aandag gevestig is op die kennisgewing insake die veilige bewaring van besittings. Bogenoemde is die enigste besittings wat ek vir veilige bewaring wil oorhandig.  
 I acknowledge that my attention has been drawn to the notice regarding safe custody of effects. The above are the only effects I wish to surrender for safe custody.

Datum/Date [Signature]  
 Handtekening van Pasiënt/Signature of Patient

Ek sertifiseer dat bogenoemde die enigste besittings is wat aan bogenoemde gevind is.  
 I certify that the above are the only effects found on the above-named.

Datum/Date \_\_\_\_\_ Getuie/Witness

Bogenoemde artikels in 'n goeie toestand en orde ontvang.  
 Received the above articles in good order and condition.

Datum/Date \_\_\_\_\_  
[Signature]  
 Handtekening van Persoon wat Besittings in Ontvangs neem  
 Signature of Person Receiving Property

11 SE

A94

# KWITANSIE - RECEIPT

- N.B.—(1) Pasiënte se klere moet deursoek word vir geld, dokumente en kosbaarhede wat by die Kantoor ingedien moet word waarvoor 'n kwitansie van die ontvangsbeampte verkry moet word.
- N.B.—(2) Die verpleegster wat die register onderteken word aanspreeklik gehou vir die uitvoering van hierdie opdrag.
- N.B.—(1) Patient's clothing must be searched for money, documents and valuables which must be handed in at the Office and a receipt therefor obtained from the receiving officer.
- N.B.—(2) The nurse signing the register is responsible for carrying out this instruction.

S

Pasiënt se Nommer/Patient's No. 167997/92

Naam/Name LULAMA (KLA)

Datum van toelating/Date of admission 09-04-92

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| ..... Stewels/Boots                  | ..... Pantoffels/Slippers          |
| ..... Kruisbande/Braces              | ..... Sokkies/Socks                |
| ..... Pet/Cap                        | ..... Boordjieknope/Studs          |
| ..... Gebreide onderbaadjie/Cardigan | ..... Reistas/Suit Case            |
| ..... Boordjie/Collar                | ..... Sokkiehouers/Suspenders      |
| ..... Mansjetknope/Cuff-links        | ..... Das/Tie                      |
| ..... Kamerjapon/Dressing Gown       | ..... / Broeke/Trousers <u>RCA</u> |
| ..... Sakdoeke/Handkerchiefs         | ..... Onderbroeke/Under Pants      |
| ..... Hoed/Hat                       | ..... Onderhemp/Vest               |
| ..... Baadjie/Jacket                 | ..... Onderbaadjie/Waistcoat       |
| ..... /Troi/Jersey <u>BLUZE</u>      | <u>RAWN SKYPER</u>                 |
| ..... Jas/Overcoat                   |                                    |
| ..... Pyp/Pipe                       |                                    |
| ..... Reisdeken/Rug                  |                                    |
| ..... Serp/Scarf                     |                                    |
| ..... Hemp/Shirt                     |                                    |
| ..... Skoene/Shoes                   |                                    |

Datum/Date 09.04.92.

[Signature]  
Vir Direkteur van Hospitaaldienste  
For Director of Hospital Services

Ek erken dat my aandag gevestig is op die kennisgewing insake die veilige bewaring van besittings. Bogenoemde is die enigste besittings wat ek vir veilige bewaring wil oorhandig.

I acknowledge that my attention has been drawn to the notice regarding safe custody of effects. The above are the only effects I wish to surrender for safe custody.

Datum/Date [Signature]  
Handtekening van Pasiënt/Signature of Patient

Ek sertifiseer dat bogenoemde die enigste besittings is wat aan bogenoemde gevind is.

I certify that the above are the only effects found on the above-named.

Datum/Date \_\_\_\_\_  
Getuie/Witness

Bogenoemde artikels in 'n goeie toestand en orde ontvang.

Received the above articles in good order and condition.

Datum/Date \_\_\_\_\_  
Handtekening van Persoon wat Besittings in Ontvangs neem  
Signature of Person Receiving Property

1156

A94

# KWITANSIE - RECEIPT

- N.B.—(1) Pasiënte se klere moet deursoek word vir geld, dokumente en kosbaarhede wat by die Kantoor ingedien moet word waarvoor 'n kwitansie van die ontvangsbeampte verkry moet word.
- N.B.—(2) Die verpleegster wat die register onderteken word aanspreeklik gehou vir die uitvoering van hierdie opdrag.
- N.B.—(1) Patient's clothing must be searched for money, documents and valuables which must be handed in at the Office and a receipt therefor obtained from the receiving officer.
- N.B.—(2) The nurse signing the register is responsible for carrying out this instruction.

S

Pasiënt se Nommer/Patient's No. 167997/92

Naam/Name LULAMA (KLA)

Datum van toelating/Date of admission 09-04-92

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| ..... Stewels/Boots                  | ..... Pantoffels/Slippers          |
| ..... Kruisbande/Braces              | ..... Sokkies/Socks                |
| ..... Pet/Cap                        | ..... Boordjieknope/Studs          |
| ..... Gebreide onderbaadjie/Cardigan | ..... Reistas/Suit Case            |
| ..... Boordjie/Collar                | ..... Sokkiehouers/Suspenders      |
| ..... Mansjetknope/Cuff-links        | ..... Das/Tie                      |
| ..... Kamerjapon/Dressing Gown       | ..... / Broeke/Trousers <u>RCA</u> |
| ..... Sakdoeke/Handkerchiefs         | ..... Onderbroeke/Under Pants      |
| ..... Hoed/Hat                       | ..... Onderhemp/Vest               |
| ..... Baadjie/Jacket                 | ..... Onderbaadjie/Waistcoat       |
| ..... / Trui/Jersey <u>BLNK</u>      | <u>RAWN</u> <u>SKAPER</u>          |
| ..... Jas/Overcoat                   | .....                              |
| ..... Pyp/Pipe                       | .....                              |
| ..... Reisdeken/Rug                  | .....                              |
| ..... Serp/Scarf                     | .....                              |
| ..... Hemp/Shirt                     | .....                              |
| ..... Skoene/Shoes                   | .....                              |

Datum/Date 09.04.92.

[Signature]

Vir Direkteur van Hospitaaldienste  
For Director of Hospital Services

Ek erken dat my aandag gevestig is op die kennisgewing insake die veilige bewaring van besittings. Bogenoemde is die enigste besittings wat ek vir veilige bewaring wil oorhandig.

I acknowledge that my attention has been drawn to the notice regarding safe custody of effects. The above are the only effects I wish to surrender for safe custody.

Datum/Date

[Signature]

Handtekening van Pasiënt/Signature of Patient

Ek sertifiseer dat bogenoemde die enigste besittings is wat aan bogenoemde gevind is.

I certify that the above are the only effects found on the above-named.

Datum/Date

Getuie/Witness

Bogenoemde artikels in 'n goeie toestand en orde ontvang.

Received the above articles in good order and condition.

Datum/Date

[Signature]

Handtekening van Persoon wat Besittings in Ontvangs neem  
Signature of Person Receiving Property

33207/92

A94

ADMISSION FORM T.P.H. 1

PATIENT NO. 167997/9 DR. IN CHARGE Kour. E

Hospital AS 11 IDENTITY NO. \_\_\_\_\_ WARD NO. 05

SURNAME DELATI DATE OF ADMISSION 200809

CHRISTIAN NAMES LUCANA TIME OF ADMISSION 0940

RESIDENTIAL ADDRESS—LINE-1 F 14 Polana Park CLASSIFICATION #1

RESIDENTIAL ADDRESS—LINE-2 70 KAZA RE CLASSIFICATION \_\_\_\_\_

RESIDENTIAL ADDRESS—LINE-3 1421 DATE OF RECLASSIFICATION \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M Race W Marital state M Age in Years 25

Maiden Name \_\_\_\_\_ Church \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Occupation/Rank None Telephone No. (Home) \_\_\_\_\_ Telephone No. (Work) \_\_\_\_\_

Name of next of Kin F 14 Polana Park Relationship\* Husband

Residential Address 70 KAZA Telephone No. \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Referred to hospital by/from Self

INCIDENT

DATE	TIME	Injury on duty*	Place
		Road accident*	<u>Polana Park</u>

Reg. number of vehicle used to transport patient to hospital \_\_\_\_\_

REASON FOR ADMISSION\* Illness  Injury  Attempted Suicide  Assault  Poisoning  Other Reason

SOURCE OF ADMISSION\* Booked Case  Unbooked Case  Private/Medical Aid Doctor  Transferred

Ex Out-Patients: Own Hospital  Other Hospital  Ex Casualty: Own Hospital  Other Hospital

Department Admitted to: Medical  Surgery  Gynaecology and Obstetrics

Name and Address of Friend \_\_\_\_\_ Telephone No. \_\_\_\_\_

AUTHORITY / INSTITUTION POSSIBLY RESPONSIBLE FOR HOSPITAL CHARGES

SURNAME / INSTITUTION	INITIALS

NAME OF STREET / P.O. BOX AND NUMBER \_\_\_\_\_

SUBURB \_\_\_\_\_ CITY / TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ NAME OF SICK FUND / MEDICAL AID SOCIETY AND MEMBERSHIP NUMBER \_\_\_\_\_

PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT

Surname Palata Christian Names Lucana

Postal Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Residential Address \_\_\_\_\_

I.D. No. \_\_\_\_\_ Resident Permit/Passport No. \_\_\_\_\_

Other Particulars (eg P.F. Number) \_\_\_\_\_ Occupation Self

Name and address of employer \_\_\_\_\_ Tel. No. \_\_\_\_\_

Full name of youngest child at school age \_\_\_\_\_

Name of school which he/she attends \_\_\_\_\_

PARTICULARS FOR CLASSIFICATION

NUMBER OF PERSONS IN HOUSEHOLD (Breadwinner and dependants excluding minor children of 16 years and older who are self-supporting) \_\_\_\_\_ Age \_\_\_\_\_

ANNUAL GROSS INCOME OF FAMILY by way of salary and allowances, bonus, commission, rent dividends, etc., and/or nett income by way of farming, trade, industry or any business. \_\_\_\_\_

(Excluding income in respect of minor children of 16 years and older who are self-supporting).

Total family income \_\_\_\_\_

I hereby certify that the above mentioned particulars furnished by me are to the best of my knowledge true and correct. Signature: \_\_\_\_\_

If not patient, state: Initials and Surname \_\_\_\_\_

Address \_\_\_\_\_ Relationship to patient Self

FOR OFFICE USE:

Classification and Tariff category on Admission Per day Nominal

Admitting Officer \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Cash Received (Cap. 1000) R. 349600

Receipt no. \_\_\_\_\_ Date 27/09/09

PLEASE TEAR OFF ORIGINAL COPY  
BEFORE COMPLETING THIS PAGE

DATE OF DISCHARGE

DIAGNOSIS

NAME OF DOCTOR

Verskuldig  
Owing  
Datum  
Date

R 11-00  
G 311912

25/04/09

If a person REFUSES to furnish the particulars required for classification of the patient but elects to pay a cash deposit, provisionally to provide for accommodation and treatment covering a period of five days, calculated at the highest applicable tariff (tariff category P6 or PD for white and non-white persons respectively), the patient may be admitted as a PRIVATE PATIENT.

Amount paid: R \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

I request, notwithstanding the fact that I may be entitled to have the patient/myself classified as a HOSPITAL PATIENT, to have the patient/myself classified as a PRIVATE PATIENT and I declare that I shall be able to pay the resulting hospital account in full and I also undertake to settle such account.

\*\*Since I have no/inadequate cover for medical expenses I hereby make a cash deposit of R \_\_\_\_\_ to defray the cost of the expected stay and treatment for a period of not more than five days, and I take cognisance thereof that in the event of an overpayment, the difference will be refunded to me in due course. (Delete if not applicable).

Signed \_\_\_\_\_ Deposit made R \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Special Remarks

NOTIFICATION FOR CLASSIFICATION

Permission is hereby granted for the disclosure of the nature of my illness/the patient's illness for accounting purposes. (Delete which is not applicable).

Witness \_\_\_\_\_ (1) \_\_\_\_\_ (2) Signed \_\_\_\_\_

Date \_\_\_\_\_ Relationship to patient \_\_\_\_\_

FOR OFFICE USE:
Checked by \_\_\_\_\_
Date \_\_\_\_\_
Admission Office

**Collection Number: AK2702**

**Goldstone Commission of Enquiry into PHOLA PARK Records 1992-1993**

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