

AK 2702

D8

SUIEPASIENTE EN/OF ONGEVALLE AFD. • OUTPATIENT AND/OR CASUALTY DEPT.

HOSPITAAL • HOSPITAL

PASIENT • PATIENT No. 33223

Naam voluit Name in full: BOHAGINE MHAONJA

Huisadres Residential address: 2-42 PALAK KAKU

Huwelikstaat Marital state: INLO

Beroep Occupation: HOUSE WIFE

Geboortedatum Date of birth: 1965

Naam van persoon verantwoordelik vir betaling van rekening Name of person responsible for payment of account: ZAMILE

Sy/Haar adres • His/Her address: AS ABOR

Naam van werkgewer • Name of employer: N/E

Adres van werkgewer • Address of employer: N/A

Naam van siekefonds Name of sick fund: N/A

Volgno. Serial No. 92

Datum • Date	VM. A.M.	NM. P.M.
09.04.92		09.40

Opgeneem Admitted

Inleiding Classification: H

Dr. _____

*Jaarlikse gesinsinkomste • Annual family income
Uit alle bronne From all sources

Broodwinner • Breadwinner: 1 ~ 112 R 1.50

Vrou • Wife: R _____

Ander afhanklikes • Other dependants: R _____

Totaal • Total R 1.50

*Getal persone in gesin (broodwinner ingesluit) Number of persons in household (including breadwinner)

Meld ouderdomme van afhanklikes State ages of dependants

Rede vir afhanklikheid Reason for dependence

* (Minderjariges van 16 jaar en ouer wat selfonderhoudend is, moet uitgesluit word) Minor children of 16 years and older who are self-supporting must be excluded

Datum van ongeluk/besering Date of accident/injury: 09.04.92 Plek Place: PALAK KAKU

Person who brought in the injured: _____

Sy/Haar adres His/Her address: _____

Sy/Haar handtekening His/Her signature: _____ en voertuig No. and vehicle No. GCV 4099

Was beseerde: (i) Onder die invloed van drank? Under the influence of liquor? (ii) By sy/haar bewussyn? Conscious?

Geteken: Opnemingsbeampte Signed: Admitting officer

Die aard van die pasiënt se siekte mag vir rekeningdoeleindes vrygestel word. The nature of the patient's illness may be disclosed for accounting purposes.

Getuie Witness Signed: _____

Datum Date: 09.04.09

Klagte Complaint: ASSMUT

Huidige siekte Present illness: _____

SLEGS VIR AFSKEURSTROKIES
FOR COUNTERFOILS ONLY

Datum Date	Betalings • Payments	Datum Date	Betalings • Payments	Betalings • Payments

Verskuldig R 1000
 Datum 9-11-92
 Date 9-11-92
 Owing
 312007

Rekenings • Accounts

		<p style="text-align: right;"> Verskuldig R 1000 Owing Datum 9-11-92 Date 9-11-92 </p>		<p style="text-align: right;"> No: 54196 </p>

ONDERSOEK/BEHANDELING/VORDERING
EXAMINATION/TREATMENT/PROGRESS

Datum • Date

9/4/92

Assaulted left & right hands
swollen

→ Xray left and R hands.

MR

no # seen swelling & tenderness - ++
Refd to P.O.P clinic please

A Contusion both hands. Hjs

- POP slabs.

- TCB 15-4-92

22. 4. 92 POP off

Xray =

MR

Penado & Bruijze

MR

33223

9492 Perado 216/21/21.

22-4-92 Perado 2 7.65,
Grupeu 400 6d 3day

M. J.

Collection Number: AK2702

Goldstone Commission of Enquiry into PHOLA PARK Records 1992-1993

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