

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

33227/92

HOSPITAAL • HOSPITAL

PASIËNT • PATIENT No.

Naam voluit / Name in full: Nemmyala Mlanony

Huisadres / Residential address: M 29 Potos parte

Teloon / Foon Phone No.

Huwelikstaat / Marital state: S Geslag / Sex: F Ras / Race: B/C

Beroep / Occupation: Y/F Geboortedatum / Date of birth: 1966

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

Haar adres • His/Her address: Above

Naam van werkgewer • Name of employer: Unemployed

Adres van werkgewer • Address of employer: Unemployed

Naam van siekefonds / Name of sick fund: S/F S/F No.

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

Broodwinner • Breadwinner: R

Vrou • Wife: R

Ander afhanklikes • Other dependants: R

Totaal • Total: R

\*Getal persone in gesin (broodwinner ingesluit) / Number of persons in household (including breadwinner): 2

Alde ouderdomme van afhanklikes / Age of dependants: 74, 54, self & children

Rede vir afhanklikheid / Reason for dependence: self & children

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: 27/04/68 Plek / Place: Potos parte Tyd / Time

Persoon wat beseerde ingebring het / Person who brought in the injured: F

Sy/haar adres / His/Her address

Sy/haar handtekening / His/Her signature: Mela en voertuig No. / and vehicle No. Gex 4095

Was beseerde: (i) Onder die invloed van drank? / Under the influence of liquor?

Was beseerde: (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: Geteken / Signed

Datum / Date

Klagte / Complaint: B.S.

Huidige siekte / Present illness

FOR COUNTERFOILS ONLY

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

Verskuldig R 10-00  
 Owing  
 Datum 9-4-96  
 Date 312008  
*[Handwritten signature]*

Rekenings • Accounts




ONDERSOEK/BEHANDELING/VORDERING  
EXAMINATION/TREATMENT/PROGRESS

Datum • Date

9/4/92

Assaulted. Swelling left Zygoma.  
Multiple Bruises & lacerations on back  
Pain lower abdomen - Super Pubic  
from Kick  
Auscultation chest (NAD)  
Abdomen soft fluid & bowel action today  
Arise +++ Blood. Menstruating  
X-ray face... ME  
meds as prescribed  
To come back 1 week

-HOSPITAAL  
HOSPITAL

AFDELING  
WARD

Pasiënt • Patient

Pasiëntnummer  
Patient's Number

Ouderdom  
Age

Inoeling  
Classification

33227

Datum Date	Voorskrif besonderhede Details of prescription	Hoev. uit. Qty. issd.	Apteker Pharmacist
9/24/9	Voltaren 75mg 800 Brufen 400mg tds & med. <i>stop</i> of ekwivalent or equivalent of ekwivalent	20	
	Parado ii tds of ekwivalent	24	
	Must not let 15 ml tds To come back 1 week of ekwivalent	200 ml	
	of ekwivalent		
	of ekwivalent		
	of ekwivalent		
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As hierdie woorde "of ekwivalent" nie deur die voorskrywer geskraap word nie dui dit aan dat die goedgekeurde generiese ekwivalent  
 oorgeneem mag word.  
 If the words "or equivalent" are not deleted by the prescriber this will indicate that the approved generic equivalent may be supplied.

**Collection Number: AK2702**

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

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