



AMINU KANO TEACHING HOSPITAL, KANO
APPOINTMENT SLIP

TO THE APPOINTMENT CLERK: (Records)

Please give an appointment to

Surname.....

First Name(s).....

Unit No.....X-Ray No.....

O.P.D.....

For DAYS.....

WEEKS.....

MONTHS.....

To see Dr./ Mr.....

Dr's Signature.....Date.....200.....

Mr0046