DATE	RECEIPT NO	AMOUNT	PURPOSE

AMINU KANO TEACHING HOSPITAL KANO

Patient's Personal Reference Card

ALWAYS BRING THIS CARD WITH YOU TO THE HOSPITAL

KO WANE LOKACI ZAKI/ZAKA ZO ASIBITI KI/KA KAWO WANNAN KATI

MHR002

Surname _____
(In Capital)

First Name _____

UNIT NO | | | |

Case Folder _____

Prepared on _____

X-Ray No _____

Rural Clinic No _____

CLINIC _____

YOUR NEXT APPOINTMENT IN ON:
ZA KA / KI DAWO GANIN LIKITA RANAR:

DAY	DATE	TIME	TO SEE