



No:

15281

THE NAIROBI HOSPITAL

P.O.Box 30026-00100, NAIROBI
Telephone: +254 - 20 - 2845680

Fax: +254 20 2728003
email: hosp@nairobihospital.org
website: www.nairobihospital.org

NH No: _____ Unit No: _____

Date: _____ Time: _____

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

This is to certify that Mr./Mrs./Miss Mwona Owino
was admitted on 26/7/17 and has been discharged today
from the Hospital.

Allowed off duty: 7 Days From 27/7/17 to 4/10/17

W. J. D. A. ESTHER

NAME OF ATTENDING DOCTOR

[Signature]

SIGNATURE

TO BE COMPLETED IN TRIPLICATE

- ORIGINAL - PATIENT
- DUPLICATE - FILE COPY
- TRIPLICATE - A&E COORDINATOR

A: TNH/004/14/IP

Healthcare with a difference!