

The Anglo American Corporation
 Medical Aid Society
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 HARARE, ZIMBABWE
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Administered by:
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Name of institution:

PRE-NOTIFICATION

MEDICAL AID SOCIETY _____

Please advise the status of the following members who have been admitted or have requested admission:-

MEMBER NUMBER	PATIENT'S NAME	SUFFIX	DATE OF BIRTH	DATE OF ADMISSION	DIAGNOSIS	LENGTH OF STAY	DOCTOR	OTHER COMMENTS

PRE-NOTIFICATION DONE BY _____ SIGNATURE _____ DATE _____