

on Health  
 r, Zimnat House  
 n Mandela Avenue / Third St  
 10130  
 E, ZIMBABWE  
[asemgr@sovhealth.co.zw](mailto:asemgr@sovhealth.co.zw)



*Adminis*  
 Sovereign Health (  
 Tel: (263 4) 79347  
 (263 4) 797843  
 Fax: (263 4)  
 Toll Free Number: 0800

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**NOTIFICATION**

AL AID SOCIETY \_\_\_\_\_

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

R R	PATIENT'S NAME	SUFFIX	DATE OF BIRTH	DATE OF ADMISSION	DIAGNOSIS	LENGTH OF STAY	DOCTOR	OTHER C

IFICATION DONE BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_