



**PATIENT DETAILS**

Patient name  
**LETHOKUHLE ZUNGU**

Date of birth      Passport number  
**18 Aug 2007**      **—**

Address  
**SAKWABIYELA, SAKWABIYELA, EMPANGENI, 3880**

**NURSE AND PRACTICE DETAILS**

Practice name      Practice BHF      VAT number  
**Umhlatuze Group - Medico**      **6034640**      **4820223024**

Treating nurse      SANC no.  
**Bequiet Vilakazi**      **11056060**

Practice registered address  
**6 Byrne Street, Empangeni Central, Empangeni, 3880**

FEELS TIRED+WET COUGH  
POOR APPETITE  
STARTED FEW DAYS AGO  
O/E T37  
CREPS BILATERAL  
APPETITE POOR  
NO ALLERGIS  
REF FOR RX

END

**Bequiet Vilakazi**

Professional Nurse  
SANC11056060