

REGISTRATION FORM



FULL NAME: Richard Arlanteye
DATE OF BIRTH: 14/6/74
AGE: 44
GENDER: []
NATIONALITY: []
PATIENT'S CONTACT NO.: 0592206543
PATIENT'S EMAIL: []
REFERRED BY: []
DOCTOR'S NAME: []

Please note, soft copies of reports will be sent by text & email on your registered mobile number & email ID

DEPARTMENT

GROUND FLOOR:
 CT SCAN
 MRI
 EMERGENCY

FIRST FLOOR:
 X-RAY
 HSG
 MAMMOGRAPHY
 ULTRASOUND
 ECHOCARDIOGRAPHY
 DIALYSIS

ECG
 STRESS ECG
 SPIROMETRY
 EYE
 DENTAL
 EEG (NEURO)

SECOND FLOOR:
 LAB PHLEBOTOMY
 ENDOSCOPY
 CONSULTATION

for all report related info, kindly Call 0555 88 77 66 / 0509 66 65 65 / 0509 66 67 67 / 0509 69 68 68

810
 MedyLife
 MEDYLIFE HEALTHCARE LTD.
 CASHIER
 Date: 07/10/25
 Sign: [Signature]

Date: 07/10/25
Patient Name: Richard Arlanteye
Age/Sex: 48/M
Referred By (Doctor Name): Olong David
Doctor's Mobile No: 0559395954
Facility Name: MAB Internl

Clinical Note: RT Sided Numbness and weakness, Dysarthria.
Working Diagnosis: ? stroke
Investigation Needed: Head CT Scan.

0555 88 77 66 / 0509 66 65 65 / 0509 66 67 67 / 0509 69 68 68



CREDIT BILL

Patient ID: P48132618
Patient Name: Mr RICHARD ARKUTIEY P(51 Y 3 M/M)
Referral: MAB International Hospital
Visit No.: LC170156
Bill No.: B348170123
Date: 07/10/2025 10:49

S.No	Test Name	Amount
1	CT SCAN HEAD	800
2	REGISTRATION CHARGES	10

Payment Mode:
 Online : 810.00 (R480148763)
 Cash : 810.00
 Discont : 0.00
 Net Payable : 810.00
 Collected : 810.00
 Balance : 0.00



(Amount in words: Eight Hundred Ten Only)
 Disclaimer: Bill generated corresponds to services ordered, not waived under any circumstances.
 Bring This Bill to Collect Your Report.

Bill Generated By
 Patrick Kwame Obo