MESSAGE & APPOINTMENT FORM

For Effective address and staff/client service

THE Office of the National Health Secretary – EBC HEALTH ESTABLISHMENT PNG

Name & Surname of Staff/ Client: _____

Date of Visit: ____/ ____/ _____ Address: _____ ___

Reason/ Purpose of Appointment

_____

_____

_____

_____

_____

_____

_____

Date Case registered ____/____/_____ Registry Number _____

Date sighted & Acknowledged by National Health Secretary

_____

Signature & Official Stamp & date

Decision:

_____

_____

_____

Action:_____

_____

_____

_____

_____

_____

_____

_____

_____

Case Closed: YES / NO (circle)

Case deferment: * Follow Up by NSEC *Top Management *Advisory & Finance:

*National Health Committee: