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KWAZULU-NATAL PROVINCE
HEALTH
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AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-05-31

Closing Date: 2022-06-07

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Grey's hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey's Hospital

Date Submitted: 2022-05-31

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GRS 484/05/22

Item Category: Goods

Item Description: Request for Consultation - Printed in Black On One Side (250 Pages / Pad)
NB: SAMPLE COPY ATTACHED

Quantity (if supplies): 100 Pads of 250 Sheets

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: KZN Departmental Website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital Tender Box / Fax: 033 897 3006

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Sipho Sikithi

Email: Not Allowed / Fax: 033 897 3006

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B.G - Anderson

Finance Manager Signature:

No late quotes will be considered

**REQUEST FOR CONSULTATION
VERSOEK OM RAADPLEGING**

C/RS: 484/05/22

HOSPITAL
HOSPITAAL

To Dr. _____
Aan Dr. _____
Name of Patient _____ I.P. / O.P. No. _____
Naam van Pasiënt _____ Binne-p. / Buite-p. No. _____
Age _____ Sex _____ Ward _____ Dept. No. _____
Ouderdom _____ Geslag _____ Saal _____ Afdeling No. _____
Can Patient attend at Consultant's office? _____
kan pasiënt die konsulerende gennersheer se kantoor besoek? _____
Brief Clinical history (including X-Ray and other reports) _____
Kort Kliniese geskiedenis (insluitende X-straal en ander verslae) _____

Date: _____
Datum: _____

Signature of Medical Officer: _____
Handtekening van mediese beampte: _____

Examination requested: _____
Ondersoek verlang: _____

Report and recommendations: _____
Verslag en aanbevelings: _____

Date: _____
Datum: _____

Signature of Consultant: _____
Handtekening van konsulerende geneesheer: _____

