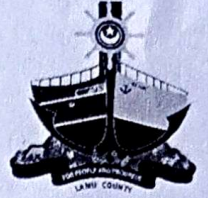




COUNTY GOVERNMENT OF LAMU
Department of Medical Services
King Fahd Lamu County Referral Hospital



E-mail: lamucountyhospital@lamu.go.ke

LAMU COUNTY REFERRAL HOSPITAL
P.O. Box 45-80500
LAMU.
8th April 2026

LCRH/P.G/VOL.1/016

To Whom It May Concern,

MEDICAL REPORT FOR ABDUL ALI HAMZA MALE 29 YEARS OP NUMBER 364/26

The above named patient has been followed up in our hospital for systemic lupus erythematosus diagnosed in the year 2020.
He has suffered from complications namely

Deformed femoral heads with degenerative sclerotic changes Severe narrowing of the hip joint spaces.

Pathological subcapital fracture of the left femoral neck.

Avascular necrosis of the femoral heads bilaterally with secondary severe osteoarthritic changes.

Pathological subcapital fracture of the left femoral neck.

Due to the above complications he's recommended for bilateral hip replacement.

Thank you.

Yours

Dr jilo amana
Family physician

KING FAHD
LAMU COUNTY REFERRAL HOSPITAL
Kenyatta Rd., P. O. Box 45-80500 Lamu, Kenya
Email: lamucountyhospital@lamu.go.ke
MEDICAL REPORT

Date:.....

KILIMANJARO CHRISTIAN MEDICAL CENTRE

An institution of the Good Samaritan Foundation

P.O. Box 3010, Moshi, Tanzania

Tel: 255-027-2754377/-80

Fax: 255-027-2754381

E-mail: kemcadmin@kcmc.ac.tz

Website: <http://www.kcmc.ac.tz>

Tarehe 10/02/2026

No.....

PROFOMA INVOICE

TIN NUMBER 100-261-987

Jina ABDULALI HAMZALI JIWATI

Anuani.....

Jina la Mgonjwa ABDULALI

Faili No.....

Aina ya Upasuaji: TOTAL HIP REPLACEMENT (THR)

Mchanganuo wa Malipo Taslim (Cash)

Maelezo ya

tiba Surgery for total Hip Replacement

No	Aina ya Huduma	Idadi	Bei@	Jumla (Tsh)
1	Ushauri wa daktari (Consultation)	1	20,000	35,000
2	Gharama za Malazi (Accommodation)	10	100,000	1,000,000
3	Upasuaji (Operation)	1	1,100,000	1,100,000
5	Vipimo vya X-Ray	2	20,000	40,000
6	Kusafisha kidonda (Dressing)	5	10,000	50,000
8	Mazoezi ya Mwili (Ph ysiotherapy)	5	15,000	75,000
9	Fimbo ya kutembelea (Pair of Auxiliary Craches)	1		100,000
10	Implant THR 100%			6,500,000
11	Medication			500,000
12	Vipimo vya Maabara			100,000
	JUMLA			9,500,000

Imetolewa na:-

Jina Herman Mwen

Sahihi [Signature]

Tarehe 10/02/2026

Malipo yapitie:-

Bank account Name: KCMC Orthopaedic Revolving Fund, Bank Name: CRDB Bank

Account No. 0150679507300. Swift code: CORUTZTZ

All correspondences should be addressed to the Executive Director.