



Assignee shall be held responsible for all fees rendered for medication, Dr  
consultation and prescriptions.

Signed on \_\_\_ of \_\_\_\_\_ 20\_\_\_, at \_\_\_\_\_, Pretoria, South  
Africa.

\_\_\_\_\_  
Sr Du Plessis

\_\_\_\_\_  
Pill Room Witness

\_\_\_\_\_  
Assignee Name

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_