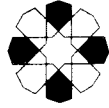


SARAWAK MEDICAL CENTRE SDN BHD (119669-X)



Normah Medical Specialist Centre

Jalan Tun Abdul Rahman, Petra Jaya,
93050 Kuching, Sarawak, Malaysia.
(P. O. Box 3298, 93764 Kuching, Sarawak, Malaysia.)
Tel: (082) 440055 Fax: (082) 442600

CLINIC REGISTRATION FORM

A. For THIS Visit: Date: / /

Patient	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm. Other:
	Name:
	NRIC /Passport No.: Old IC No.:

Visit	First Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No Payment Arrangement: <input type="checkbox"/> Self Paying <input type="checkbox"/> Corporate Patient
	Primary Doctor:

B. For FIRST Visit or CHANGES:

Patient's Demographics	Date of Birth: / / Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed Race:
	Religion: Nationality:
	Occupation:
	Address:
	Tel. (Home): Tel. (Office):
	Hand phone:

Next of Kin	Name:
	NRIC No./Passport: Relationship:
	Address:
	Tel. (Home): Tel. (Office):
	Hand phone:

Guarantor (if applicable)	Name:
	NRIC No./Passport: Relationship:
	Address (Home):
	Address (Office):
	Tel. (Home): Tel. (Office):
	Hand phone:

Office Use	<u>For Office Use Only</u>
	Registration Clerk:
	Time: a.m./p.m.

CLINIC REGISTRATION FORM