







PATIENT REGISTRATION FORM

Receptionist ID No :.....

NAWALOKA HOSPITALS PLC COLOMBO

(IT IS MANDATORY THAT PATIENT OR GUARDIAN FILLS THIS FORM) (Please Write in Block Letters)

Patient Details : Mr	./N	Irs. / Miss /	Rev / N	Mast /	<u>Baby</u>										
Surname (Last Name)	:														
Initials	:														
NIC/Pass Port No	:										1				
Date of birth	:	DATE:				MONTH:					YEAR:				
Address Home	:														
Office	:														
Contact Numbers	:	HOME:		OFFICE:					MOBILE:						
Name of Employer	:														
Marital Status	:	Married: Unmarried:													
Nationality	:														
Religion	:														
Guardian's Name	:	_					T								
(In Full)															
Address Home	:														
NIC/Pass Port No	:										•				
Contact Numbers	:	HOME:		OFFICE:					MOBILE:						
Consultant	:														
Charges Will Be Pa	id B	y :	Patient	/Guar	dian/	Comp	oany/	Insu	ance	•					
Date :	••••						•••••	•••••	•••••	• • • • • • •	•••••	•••••	•••••	•••••	
							S	ignat	ure of	Patie	nt / (Suar	dian		