Sri Lanka NATIONAL QUALITY AWARD WINNER

PATIENT REGISTRATION FORM

NAWALOKA HOSPITALS PLC
COLOMBO

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

Patient Details : Mr. / Mrs. / Miss / Rev / Mast / Baby

Surname (Last Name) :
Initials :
NIC/Pass Port No :
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 (In Full) :
Address Home :
NIC/Pass Port No :
Contact Numbers : HOME : OFFICE : MOBILE :
Consultant :

Charges Will Be Paid By : Patient/Guardian/Company/Insurance

Date :…… ……

Signature of Patient / Guardian

Receptionist ID No :……