Public Customer Registration Report

27/10/2020 14:30 PM - Finance Committee					Page
Registration No	Name	Date of Birth / Age / Gender / Address	Registered Facilities		
			Facility	Room	Bed
Remarks: NIL					
Signature: Certifying that the information furnished in this form is true to the best of my knowledge. I hereby authorize the concerned medical practitioner/hospital to use my medical data for medical research and for medical audit purposes. I understand that my identity will not be disclosed in any such use of my medical data. I also authorize the concerned medical practitioner/hospital to use my medical data for medical research and for medical audit purposes. I understand that my identity will not be disclosed in any such use of my medical data.					
1	27/10/2020 14:30 PM Mr. Test Patient Male Age: 0 Y 0 M 0 D Address: Test Address	27/10/2020 14:30 0 Y 0 M 0 D Male Address: Test Address	Test Department - 1 Test Department - 2 Test Department - 3 Test Department - 4 Test Department - 5 Test Department - 6 Test Department - 7 Test Department - 8 Test Department - 9 Test Department - 10 Test Department - 11 Test Department - 12 Test Department - 13 Test Department - 14 Test Department - 15 Test Department - 16 Test Department - 17 Test Department - 18 Test Department - 19 Test Department - 20	Test Room - 1 Test Room - 2 Test Room - 3 Test Room - 4 Test Room - 5 Test Room - 6 Test Room - 7 Test Room - 8 Test Room - 9 Test Room - 10 Test Room - 11 Test Room - 12 Test Room - 13 Test Room - 14 Test Room - 15 Test Room - 16 Test Room - 17 Test Room - 18 Test Room - 19 Test Room - 20	Test Bed - 1 Test Bed - 2 Test Bed - 3 Test Bed - 4 Test Bed - 5 Test Bed - 6 Test Bed - 7 Test Bed - 8 Test Bed - 9 Test Bed - 10 Test Bed - 11 Test Bed - 12 Test Bed - 13 Test Bed - 14 Test Bed - 15 Test Bed - 16 Test Bed - 17 Test Bed - 18 Test Bed - 19 Test Bed - 20	
		Total Registrations: 1 **Normal Registrations: 1**			