**Hospital Universiti Malaysia Sabah**

Jalan UMS, 88400 Kota Kinabalu Sabah, Malaysia.
hums[@]ums.edu.my Hotline : (088) 320-0000 (212300)

## Document Name: PATIENT REGISTRATION FORM

| PATIENT'S INFORMATION | | |
|---|---|---|
| Title: | Full Name: | |
| MRN: | | |
| Gender: | | |
| IC Card Number / Passport Number / Undocumented Immigrant: | | |
| Address: | | |
| Date of Birth (DOB): | Age: | Nationality: |
| Telephone Number: | | |

| EMERGENCY'S CONTACT | |
|---|---|
| Title: | Full Name: |
| Relationship: | |
| Address: | |
| Telephone Number: | |

I hereby certify that my personal data given to the medical record of Hospital Universiti Malaysia Sabah are true and correct. I also give permission to Hospital Universiti Malaysia Sabah to take picture in order to keep as a record and for medical purpose. If any incorrect or fault data are found, I will be solely responsible for all damages and negative consequences that may cause to any third party.

SIGNATURE:

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(PATIENT / LEGAL GUARDIAN OR RELATIVE OF THE PATIENT)