

## Borang Pendaftaran / Registration Form - Patient

**Nama / Name**

(seperti didlm KP/Pasport)  
 (as per IC/Passport)

\_\_\_\_\_

\_\_\_\_\_

**Gelaran** (Encik/Cik/Puan/Mr./Mrs/Miss  
 Title Datuk/Dato/Tan Sri)

\_\_\_\_\_

**No KP baru / Passport**  
 New IC Number / Passport

							-							
--	--	--	--	--	--	--	---	--	--	--	--	--	--	--

**Jantina**  
 Gender

**Lelaki**  
 Male

**Perempuan**  
 Female

**Tarikh Lahir**  
 Date of birth (DD/MM/YY)

--	--	--	--	--	--

**Bangsa**  
 Race

\_\_\_\_\_

**Agama**  
 Religion

\_\_\_\_\_

**Warganegara**  
 Citizenship

\_\_\_\_\_

**Alamat Kediaman**  
 Residential Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No. Telefon**

Telephone No.

H.Phone

House Phone

Office

Fax

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nama Perwaris**  
 Next of Kin

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Address**  
 Alamat

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No. Telefon**  
 Telephone No

\_\_\_\_\_