

## Borang Pendaftaran / Registration Form - Patient

**Nama / Name**

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

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\_\_\_\_\_

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

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

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**Jantina**  
 Gender

**Lelaki**  **Perempuan**  
*Male Female*

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

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**Bangsa**  
 Race

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**Agama**  
 Religion

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**Warganegara**  
 Citizenship

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**Alamat Kediaman**  
 Residential Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No. Telefon**  
 Telephone No.

*H.Phone*  
*Office*

\_\_\_\_\_

\_\_\_\_\_

*House Phone*  
*Fax*

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\_\_\_\_\_

**Nama Perwaris**  
 Next of Kin

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Address**  
 Alamat

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No. Telefon**  
 Telephone No

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