Registration Form

Cosmetic
Holidays International

Personal Details

Hospital Number:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

Name: _____

Middle Name: _____

Surname: _____

Sex: ☐ Female ☐ Male Date of Birth: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Nationality:

Home address: _____

_____

Phone: _____ Mobile: _____

Email: _____

Emergency contact person: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

Relationship: _____

Phone: _____ Mobile: _____

Email: _____

☐ I confirm all the information I have disclosed is true and correct

Patient's signature: _____ Date: _____

โรงพยาบาลกรุงเทพ
BANGKOK HOSPITAL
ภูเก็ต • PHUKET

Joint Commission
International Accreditation
USA