BANGKOK HOSPITAL PHUKET

E-Business Patient Registration Form
Category : ❑ Meditour/ Inter Mkt. ❑ Meditour E-Business ☑ E-Business

HN .....

Personal Information

**First Name: (Mr./Mrs./Ms./Miss/Mast.): .....
Middle Name: .....
**Family Name/ last Name: .....

Gender: ☐ Male ☐ Female **Date of Birth (dd/mm/yyyy) ...../...../..... Age.....

**Nationality: .....Primary Language: .....

**Passport No. or ID. No. ..... Religion: .....
Marital Status: ☐ Single ☐ Married ☐ Other: .....

Contact Information

Choose one: ☐ Do you work in Thailand? ☐ Are you a Visiting Tourist?

**Home Address.....City/ Town.....

**Country.....Postal Code.....Telephone (Home) .....

Telephone (Mobile) ..... Email Address.....

Name of your Web Correspondent / Coordinator: .....-------.....

How did you know about Bangkok Hospital Phuket?
☐ Referred by Friends ☐ Word of Mouth ☐ Former Patient ☐ Internet
☐ Agency ☐ Others (Specify) :.....

If you do not live in Thailand, where are you staying while you are here?

**Address (Hotel/Apartment/ Guest House) .....

Room: ..... **Telephone: .....

Emergency Contact Person

**Full Name (Mr./Mrs./Ms./Miss).....

**Telephone (Work/ Mobile)..... **Relationship to Patient .....

Insurance Company ..... Contract Company.....

***Very important, please don't leave it blank Please sent back to us with a copy of your passport*

2/1 Hongyok Utis Rd, Muang District, Phuket,Thailand 83000 Tel. 076-254425-30 Fax. 076- 254430 Contact Center Tel.1719