

Dr L H Hiranandani Hospital*Your Family Superspeciality Hospital*

A NABH Accredited Hospital

(National Accreditation Board for Hospitals & Healthcare Providers, An Initiative of Quality Council of India)



Winner of IMC Ramkrishna Bajaj National Quality Trophy, 2008 & 2015

India's first Hospital to get the International Asia Pacific Quality Award 2009

APQO Global Performance Excellence Best in Class Award 2016

**Hiranandani
Hospital****Out Patient Registration**

Consulting Dr. : _____

Mr No. : _____

Date & Time : _____

Medical RegistrationName : _____
(Block Letters) Title First Name Middle Name Last Name

Date of Birth / Age : _____

Sex : _____

Marital Status : _____

Blood Group : _____

Present Address / Emergency Address :

Address : _____

Town / City : _____

State : _____

Country : _____ Pin : _____

Mobile : _____ Landline : _____ e-mail Id* : _____

I hereby authorize the above mentioned Doctor & associate(s) of his / her choice to carry out examination / Investigation and treatment as deemed appropriate.

'I agree that should I feel the need to raise any act of omission or commission, that it will be only in the jurisdiction of the Consumer forum and or Courts of Mumbai and in no other forum, courts or legal institution in India'

The hospital reserves the right to share the contact information for the internal purposes or with any third party.

Name of Patient / Relative :

Signature of Patient / Relative :

Note : The fields which are underlined are mandatory****Please provide email address to receive regular health update***