



Lilavati Hospital and Research Centre

A-791, Bandra Reclamation, Bandra, Mumbai - 400 050.

Tel.: 2675 1000 / 2656 8000

LH REGISTRATION FORM

Date : _____

LH No.: _____

Name of Patient : _____
(Surname) (First Name) (Middle Name)

Sex : Male Female Blood Group : _____ Date of Birth : _____

Marital Status : _____ Religion : _____ Occupation : _____

Nationality : Indian Foreign Country : _____ Passport No. : _____

Address (Permanent) : _____

(Present) : _____

Telephone : Residence : _____ Office : _____ Mobile : _____

Email Id : _____ Fax No.: _____

CONSENT : That Lilavati Hospital & Research Centre reserves the right to send transactional emails and SMS's related to health care services to the patient and the patient agrees that the same will not tantamount to spam. By submitting your mobile number, you agree to receive calls/SMS's from Lilavati Hospital & Research Centre or its authorized representative, irrespective of your registration on Do Not Disturb (DND) with your telecom service provider.

Patients Signature : _____ Contact Name & Tel. No. (Emergency) : _____

For Office Use Only

Date & Time of Registration : _____ Registration Staff Signature : _____

More than Healthcare, Human Care