



Lilavati Hospital and Research Centre

A-791, Bandra Reclamation, Bandra (W), Mumbai - 400 050.

Tel : 2675 1000, 2656 8000, 2666 6666

LH REGISTRATION FORM (To be filled in block letter only)

Date :

LH NO. :

Name of Patient

Date of Birth :

Surname :

First Name :

Middle Name :

Gender : Male Female Blood Group :

Marital Status : Religion : Occupation :

Nationality : Indian Foreign/NRI Country :

Pan Card No. :

Passport No. :

Address : _____

_____ Pin

Contact No. : Mobile :

Mobile :

Email Id :

Aadhar Card 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.

Patient's / Relatives :
Signature

Emergency Contact Details Name :
Tel. :

For Office Use Only

Registration Staff Name : _____ Signature

More than Health Care, Human Care