

HOSPITAL LAM WAH EE
PATIENT REGISTRATION

Registration No : _____ Medical Check-Up Date: _____

Patient's Name : _____
(Follow name in Passport or IC)

NRIC / Passport No : _____ Gender: Male / Female

Birth Date : _____ Age: _____

Marital Status : _____ Race: _____

Occupation : _____ Religion: _____

Nationality : _____

Address : _____

: _____

Postcode : _____

Tel No/ HP No : _____

Next of Kin Name : _____
(emergency contact)

Relationship : _____ Gender: Male / Female

Address : _____

: _____

Postcode : _____

NRIC / Passport No : _____

Tel No/ HP No : _____

Package : _____

Optional Test : _____

Note: For advanced booking

- Email to this address: lwehealth@hlwe.com
- Your Appointment will be confirmed through your email.
- Please provide us with 3 working days for confirmation of your appointment booking.

Bring along original Passport or IC on the screening day

For any enquiries, please call
Tel: 604 - 6528680 (9.00am – 11.00am)
604 – 6528682 (11.00am – 4.00pm)