Patient Registration Form

(To be used during EIMS failure only)

Temporary file No: _____ *(only if PHN is not available)*

PHN : _____

UIC : _____

Name : _____

Address : _____

District : _____

Date of Birth : _____

Age : _____

Gender at Birth : Male ☐ Female ☐

Telephone : _____

Email : _____

Name of PHNS/PHI/NO : _____

Date :---/---/202---

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