

IMPORTANT NOTICE

1. **Please read all the terms of this admission form carefully. By signing this admission form you acknowledge, understand and agree to be bound by its terms. This admission form sets out the basis on which you will be admitted to and receive goods or services from the Hospital.**
2. It is very important that you understand what you are signing. Certain clauses are typed in bold to draw your attention to them. If there are any clauses that you do not understand, please ask the admissions clerk for assistance. This admission form must be signed before you can be admitted to the Hospital.
3. **Please note** that there are clauses that:
 - 3.1 limit your rights and/or limit the liability of the Hospital (clauses 2.2, 3.3, 3.4, 3.5, 4.1, 7, 8, 10, 11 and 14);
 - 3.2 require you to acknowledge certain facts (clauses 2.2, 2.3, 5.1, 6.2, 7.2, 11, 13.2, 14.2 and 15);
 - 3.3 require you to take on certain risks or liability (clauses 2.2, 2.3, 3, 4.1, 6, 7, 8, 13.2, 14);
 - 3.4 require you to indemnify the Hospital (clause 8.2);
 - 3.5 notify you of risks associated with access to the Hospital and its facilities (clause 6, 8 and 14); and
 - 3.6 address how your Personal Information may be collected, used and Processed by the Hospital and its Affiliates (clause 5);
4. By signing below, you acknowledge that you have read, understood and clarified all the above clauses with the admissions clerk, or other relevant Hospital personnel. You acknowledge and accept that you have the right to seek legal advice on the provisions of this admission form if you wish.

TERMS AND CONDITIONS OF ADMISSION

1. INTERPRETATION

- 1.1 **“Patient”** the person being admitted to the Hospital, who signs below.
- 1.2 **“Payer”** the Patient or the person or entity paying the Hospital charges on behalf of the Patient, who signs below.
- 1.3 **“Guardian”** the parent or legal Guardian of a minor Patient, who signs below.
- 1.4 **“Medical Aid”** any medical aid, medical benefit scheme or similar fund or insurer which the Patient belongs to, either as a principal member or dependant.
- 1.5 **“Patient Data Form”** a form completed by the Patient, Payer or Guardian, setting out personal details and information required by the Hospital for the Patient’s admission.
- 1.6 **“Personal Information”** has the meaning given to the term in Section 1 of POPIA and includes special Personal Information (such as your health information) and the Personal Information of children, where the Patient is a minor child.
- 1.7 **“POPIA”** the Protection of Personal Information Act, No. 4 of 2013, as amended or re-enacted from time to time.
- 1.8 **“Processing”** has the meaning given to the term in Section 1 of POPIA and “Process” or “Processed” will have the same meaning.
- 1.9 **“Affiliate”** in relation to the Hospital, means all Lenmed companies which directly or indirectly Control, or are Controlled by, or are under common Control with, the Hospital or its successors-in-title from time to time, and will include all legal entities within the Lenmed Group of companies. Medical specialists, emergency unit, radiology and pathology practices, and other healthcare providers and practices providing services at the Hospital are not employees or agents of the Hospital, and are not Affiliates as defined.
- 1.10 The words “include” and “including” mean “include without limitation” and “including without limitation” respectively. The use of the words “include” and “including” followed by a specific example or examples will not be interpreted to limit the meaning of the general wording preceding it.
- 1.11 All provisions of this admission form are severable from each other. Any provision that is or becomes unenforceable, whether due to voidness,

invalidity, illegality, unlawfulness or for any other reason, will be treated as *pro non scripto* (only to the extent that it is unenforceable) and the remaining provisions will remain of full force and effect.

2. FEES, CHARGES, COST ESTIMATES AND QUOTES

- 2.1 The Patient and the Payer agree that the amount charged will be the relevant Hospital rate, either for private patients or for patients covered by Medical Aid. These rates are available from the Hospital on request. If the Patient is covered by Medical Aid, but for some reason the Medical Aid does not pay or short pays, the Patient or Payer, where the Payer is not the Medical Aid, agrees that private rates will be charged for that portion of any charge not paid by Medical Aid.
- 2.2 The Hospital may provide the Patient with a quotation or estimate. The Patient and Payer acknowledge that these quotations or estimates are based on matters including i) the estimated time the Patient will spend in theatre or in any wards, ii) the medicine or dressings prescribed or requested (including prosthetics), and the services required of the Hospital due to the treatment prescribed by a medical practitioner. While the Hospital endeavours to estimate the charges as accurately as possible, the quotation or estimate is not binding on the Hospital and is subject to change depending on, for example, the actual treatment provided, the length of the Patient’s stay in Hospital, and any additional charges that may arise out of the Patient’s treatment as determined by the Patient’s medical practitioner/s.
- 2.3 Accordingly, the Patient and Payer acknowledge that the actual charge will be the relevant Hospital rate for the services and/or goods actually rendered and supplied by the Hospital, and that this amount may exceed the quotation or estimate given by the Hospital.

3. INVOICING, ACCOUNTS AND PAYMENT

- 3.1 Any accounts received from or amounts owing to the Hospital only relate to services and/or goods provided by the Hospital, including the pharmacy situated in the Hospital (“the Pharmacy”). This includes accommodation, ward and theatre time and consumables like medicines and prosthetics. The Patient/Payer consents to the Hospital, invoicing the Patient for the medicines supplied to the Patient by the Pharmacy.
- 3.2 The charges payable to the Hospital do not relate to the goods and/or services provided by any third party supplier not related to the Hospital or the Pharmacy (“third party charges”), such as any doctors’ fees, pathology fees, radiology fees, ambulance transportation fees, blood test fees, x-rays or any other services supplied by a third party to the Patient, the Payer, Medical Aid, or any other party paying on behalf of the Patient, whether or not provided to the Patient on the Hospital’s premises. These third-party charges will be payable over and above the Hospital charges.
- 3.3 The Hospital reserves the right to require advance payment of any amounts which may become owing to it, including in instances where the Patient is admitted as a result of a motor vehicle accident or occupational injury and may institute a claim for payment of his/her medical expenses in terms of any applicable legislation. If such a claim is made, then the Patient or Payer (as the case may be) undertakes to pay all or part of any amounts which may become payable to the Hospital in respect of the hospitalisation, treatment of and other services rendered or to be rendered, and goods supplied or to be supplied to the Patient.
- 3.4 If the Hospital does not require advance payment, the Patient or Payer (as the case may be) undertakes to pay all amounts due to the Hospital on discharge of the Patient (if a private patient), or if the Hospital’s account is not settled within 60 (sixty) days by either Medical Aid, the Compensation Commissioner, the Road Accident Fund or other insurer or statutory body on behalf of the Patient, for any reason whatsoever, including short payment. The Patient or Payer (as the case may be) must pay the Hospital’s account within 7 (seven) days of receipt of a written demand from the Hospital.
- 3.5 While the Hospital will make every reasonable effort to assist the Patient with obtaining authorisation and confirming benefits from Medical Aid, it is ultimately the Patient’s responsibility to obtain the necessary authorisation from Medical Aid and confirm the limits for payment for medical procedures and/or medical devices (including Laparoscopic procedures, prosthetics and medical devices such as stents, valves, pacemakers, joint replacements, etc). Medical Aids often have funding limits or exclude cover for certain medical procedures and/or medical devices.

- 3.6 Where the Patient's Medical Aid does not cover the costs (in whole or in part) of any medical procedure or medical device, or any other medical goods and/or services provided by the Hospital, then the Patient or Payer (as the case may be) will be responsible and liable for payment to the Hospital for either the full account (if not covered) or the balance or excess amount which was billed by the Hospital and not paid by Medical Aid.
- 3.7 Where Medical Aid was due to pay on behalf of the Patient but for any reason whatsoever does not do so, the Hospital reserves the right to amend the account to reflect private rates, which the Patient or Payer (as the case may be) shall pay.
- 3.8 If the Patient or Payer does not pay any amount due to the Hospital on the due date for payment, the Hospital will also be entitled to recover all legal and other costs incurred by it in recovering the payment from the Patient or Payer (as the case may be).

4. QUERYING ACCOUNTS

- 4.1 Account queries by the Patient, Payer or Medical Aid must be done in terms of this clause 4. If the account is not queried in accordance with clause 4, the relevant party will remain liable for payment of the account in full.
- 4.2 To query or dispute any amount owing to the Hospital, the Patient, Payer or Medical Aid must, in good faith, refer to specific line item/s in the account and clearly state and substantiate the reason/s for the query or dispute. The query must be set out in writing and sent to the supervisor of the Hospital where the services were rendered to the Patient by registered mail, email or delivered by hand and duly stamped as received by the Hospital, within 20 (twenty) calendar days of the date of the invoice or account being queried/disputed.
- 4.3 Where a query or dispute is lodged with the Hospital, the Hospital will investigate the query and decide on the most appropriate course of action to follow to deal with the query.

5. PROCESSING OF PERSONAL INFORMATION AND PATIENT RECORDS

- 5.1 The Hospital and its Affiliates are committed to protecting the confidentiality and privacy of the Personal Information it Processes. **The Privacy Notice, located on the Lenmed website (www.lenmed.co.za), sets out the details of how the Hospital and its Affiliates may use and Process the Patient's Personal Information. The Patient is required to view the full Privacy Notice on the Lenmed website, and hereby acknowledges that he/she has read and understood the contents of that Privacy Notice.** On request, the admission clerk at the Hospital can provide the Patient with details on how to access or locate the Privacy Notice on the Lenmed website.
- 5.2 In Processing the Patient's Personal Information for the purposes set out in clause 5.3 below, the Hospital and its Affiliates are required to collect and Process Personal Information about the Patient. This Personal Information:
 - 5.2.1 will include the Patient's health/medical information and other Personal Information that POPIA classifies as special Personal Information, which will be necessary to provide the Patient with treatment and care;
 - 5.2.2 will, where the Patient is a minor child (under the age of 18 years), include the child's Personal Information, health/medical information and other special Personal Information, which will be necessary to provide the child with treatment and care;
 - 5.2.3 may include both clinical and non-clinical Personal Information about the Patient; any and all Patient records (or copies thereof); any and all photographs or images taken of the patient or the patients wounds while receiving treatment and care; pathology and radiology reports and results, results of any medical investigations conducted, and patient records (or copies thereof) from pathologists, radiologists and/or attending or referring doctors conducted during the Patient's admission at the Hospital and/or within a 12 month period prior to the Patient's admission to the Hospital; Medical Aid and billing information, including billing information received from all healthcare providers involved in the Patient's treatment and care at the Hospital;
 - 5.2.4 may be collected directly from the Patient, but may also be collected from other sources, such as any attending and/or referring doctors

(including the Patient's General Practitioner), any other healthcare provider (including pathologists and radiologists), the Patient's Medical Aid scheme (including the scheme administrator) or third party medical insurer, the relevant service providers contracted to the Hospital and/or its Affiliates and providing services at the Hospital (to the extent that they require this information in order to perform their services, such as catering services), any other medical practitioners or allied health professionals involved in the Patient's treatment and care, and any other sources required for the purposes of providing the Patient with treatment and care, or required for the purposes set out below and in the website Privacy Notice.

- 5.3 The Hospital and/or its Affiliates may **collect, use, share and/or generally Process** the Patient's Personal Information (including, where applicable the Patient's special Personal Information, such as health/medical information) for the following purposes:

- 5.3.1 to assess any medical treatment the Patient may require;
- 5.3.2 to provide the Patient with appropriate treatment and care and to enable treating medical practitioners (including any attending and/or referring doctor and your general practitioner), medical practices (including radiology and pathology practices), allied health professionals and other medical persons involved in the Patient's treatment and care, to provide the Patient with appropriate treatment and care;
- 5.3.3 to Process any claim that may be made on the Patient's behalf through his/her Medical Aid scheme (and the scheme's administrator) or any third-party medical insurer that the Patient has contracted with;
- 5.3.4 to Process any medical claim that may be made by the Hospital with the Road Accident Fund (under the Road Accident Fund Act) or the Compensation Fund (under the Compensation for Occupational Injuries and Diseases Act) or any other similar body, in relation to the Patient's treatment and care;
- 5.3.5 for any purposes which are required or authorised by law, or required to comply with all legislative and legal requirements placed on the Hospital and/or its Affiliates, which may include legislative reporting and document retention periods and, where the law requires, that information regarding certain diseases be notified to the authorities;
- 5.3.6 to improve the Hospital's services, quality of care and quality of the medical technology available at the Hospital, and to manage the Hospital's relationship with the Patient, for example by asking for feedback on the services received or through completing a customer service satisfaction survey;
- 5.3.7 to perform general administrative, operational, management and performance functions and activities relating to the operation and running of the Hospital and its Affiliates' business, and for the purposes of managing legal and operational affairs;
- 5.3.8 for reporting (including efficiency management and reporting), statistical, analytical, research and historical purposes;
- 5.3.9 for credit checking or credit reporting purposes (though a credit bureau), to assist the Hospital's decision to provide services to the Patient or to report on the Patient's slow or non-payment of his/her accounts to any third party. The Patient consents to Hospital and/or its Affiliates Processing his/her Personal Information in this manner and contacting the relevant credit bureaus and agrees to sign such further documentation as may reasonably be required by the Hospital; and
- 5.3.10 for all other purposes set out in the Privacy Notice located on the Lenmed website.
- 5.4 In providing the Patient with appropriate treatment and care it is **important to note** that:
 - 5.4.1 some of the Patient's Personal Information, including where necessary health/medical information, will be displayed on information boards in the ward and/or above the Patient's bedside. While the Hospital will take all reasonably practical steps to minimize information displayed, the display of this information is critical, essential and necessary for the proper treatment and care of the Patient;

5.4.2 nursing staff may be required to communicate, including taking and sharing photographs of the Patient or the Patient's wounds, with one or more of the Patient's treating medical practitioners through the use of Hospital approved mobile applications, including WhatsApp. This will be limited to circumstances where it is necessary to provide the Patient with treatment and care, to enable the treating medical practitioner to properly manage the Patient's treatment and care and is in the Patient's legitimate and/or vital interests. WhatsApp messages are confidential and protected by end-to-end encryption in the WhatsApp application, and appropriate measures have been put in place at the Hospital to ensure the privacy and confidentiality of these communications.

5.5 All Patient records remain the property of the Hospital and will be retained for a maximum period of 5 (five) years, or such other period as may be required by law and/or determined by the Hospital due to its business needs.

5.6 Additional matters regarding the disclosure and retention of Personal Information, the Patient's rights in terms of POPIA and the complaints process regarding the Processing of Personal Information are set out in the Privacy Notice on the Lenmed website.

6. RISKS INHERENT WITH ADMISSION TO THE HOSPITAL

6.1 Subject to clause 7.1, due to the nature of the services rendered by and at the Hospital, admission to the Hospital may result in the Patient being exposed to activities or facilities that subject the Patient to risks that are of an unusual nature, the presence of which the Patient may not have expected, or which could otherwise result in injury or death. Admission to the Hospital and the Patient undergoing any treatment or procedure has inherent risks including illness, injury or even death.

6.2 The Patient acknowledges that the risks specifically relating to the reason for his/her admission to the Hospital have or will be explained to him/her by his/her doctor.

7. LIMITATION OF LIABILITY

7.1 **Unless a claim arises out of harm suffered from goods supplied to the Patient, in terms of section 61 of the Consumer Protection Act, 2008 or any gross negligence of the Hospital, the Hospital, its directors, officers and employees will not be liable to the Patient, the Payer, the Patient's estate or dependants or Medical Aid for any injury, illness, cost whether direct or consequential, expense, harm, loss (including consequential loss and loss of profits), or damage (collectively referred to as "Loss") of any nature whatsoever that the Patient may sustain or suffer as a result of his/her presence in or treatment received at the Hospital.**

7.2 The Patient agrees that given the inherently risky nature of the services rendered by the Hospital, limiting the Hospital's liability for injury and illness is justified and reasonable in the circumstances, and the Patient acknowledges that he/she has freely and voluntarily entered into this Agreement, accepting the terms and conditions of the Hospital's limitation of liability.

7.3 **The medical specialists, emergency unit, radiology and pathology practices, and other healthcare providers providing services at the Hospital are not the agents of the Hospital. They contract with and provide services to the Patient independently. The Hospital is not liable for any Loss arising from any act or omission of those doctors, specialists, medical practices or other healthcare providers.**

INITIALS: _____

8. PATIENT'S POSSESSIONS

8.1 Patients and/or any person visiting the Hospital are responsible for the safekeeping of their own personal possessions. The Patient must not leave any personal possessions unattended during surgeries or other procedures and must ensure that all personal possessions have been given to family members or other responsible parties appointed by the Patient for safekeeping. The Patient may not hand any personal possessions to any employee or agent of the Hospital.

8.2 Neither the Hospital nor any of its employees, directors or agents will be liable for any cost, expense, theft, loss or damage to any of the Patient's personal possessions arising from the Patient's failure to comply with clause 8.1 or any loss of or damage to any of the Patient's personal possessions (including the loss of cash or money) that are left unattended. The Patient indemnifies the Hospital and its employees,

directors or agents against any liability, action, proceedings, costs, claims and demands arising directly or indirectly from any loss or damage to the Patient's personal possessions or the Patient's failure to comply with the provisions of clause 8.1 above.

9. HOSPITAL RULES

The Patient agrees to abide by any Hospital policy regarding any rule that is enforced for the protection and care of its patients, such as "no smoking" other than in designated areas.

10. CONSENT TO BLOOD AND HIV TESTS

10.1 The Patient agrees that a blood test or any other medical examination, including a test for HIV, the Aids virus and/or Hepatitis B may be performed on the Patient, at the Patient's cost, if the Hospital regards it as necessary or advisable in the interests of the health and safety of the Hospital employees or of other Patients admitted to the Hospital. The Patient consents to these tests or examinations and to the taking of a blood specimen from the Patient should this be necessary.

10.2 The results of these blood tests or examinations will be dealt with on a confidential basis and will only be made known to the Patient, the Patient's Medical Aid and/or the Patient's doctor and attending healthcare providers, subject to the Patient's prior written consent, which the Patient grants by signing this admission form.

11. BODY PARTS AND TISSUE

11.1 The Hospital is required to suitably dispose of any body parts or human tissue removed from a Patient during any procedure performed at the Hospital. Once removed from the Patient, the Patient waives all rights the Patient may have regarding the human tissue or body part removed and authorises the Hospital and its employees and agents to dispose of that human tissue or body part in any manner they may deem fit and subject to any applicable law, including destruction. The terms "body part" or "human tissue", in the case of a female patient, includes a foetus.

11.2 If the Patient wants to retain any body part or human tissue, the Hospital must be specifically informed of this in writing on the Patient's admission to the Hospital and the Hospital reserves that right to refuse this request in its sole discretion, acting reasonably and subject to any applicable law.

12. RELEVANT LAW AND JURISDICTION

12.1 The Patient and Payer consent to the jurisdiction of the appropriate Magistrate's court in respect of all actions or other proceedings arising out of this admission form, and/or any matter arising from the Patient's stay or treatment in the Hospital, irrespective of the amount involved.

12.2 This agreement (constituted by signing admission form) and any legal proceedings taken by or against the Patient or Payer arising from the Patient's stay or treatment at the Hospital, is governed by and must be interpreted in accordance with the laws of the Republic of South Africa.

12.3 The parties choose as their Domicile Address (domicilium citandi et executandi) for the purpose of all actions or other proceedings arising out of this admission form and/or any matter arising from the Patient's stay or treatment in the Hospital, including the giving of any notice and the serving of any process, as:

12.4 For the Patient and/or Payer: the address set out in the Patient Data Form completed on admission to the Hospital or as otherwise provided by the Patient to the Hospital on admission; and

12.5 For the Hospital: Lenmed Head Office, 2nd Floor, Fountain View House, Constantia Office Park, Cnr 14th Avenue and Hendrik Potgieter Road, Constantia Kloof, Johannesburg, 1709.

12.6 The parties (Patient or Payer and Hospital) will be entitled by written notice to the other party, to vary its physical Domicile Address to any other physical address which is not a post office box within the Republic of South Africa. Any notice given by either party to the other, delivered by hand between the hours of 09h00 and 17h00 on any business day to the physical Domicile Address of the other party will be deemed, unless the contrary is proved, to have been received at the time of delivery.

12.7 Notwithstanding anything to the contrary contained in this clause, a written notice or communication received by a party will be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen Domicile Address.

13. CESSION OF INSURANCE PAYMENTS AND BENEFITS

- 13.1 Where the Patient is covered by Medical Aid, the Medical Aid may pay the Hospital directly. The Patient cedes to the Hospital all of the Patient's right, title and interest in and to any benefits, monies and/or insurance payments due and owing to the Patient and/or for all services rendered and medicines supplied by the Hospital arising out of the Patient's admission to and treatment in or at the Hospital.
- 13.2 **The Patient or Payer or both acknowledge/s that while Medical Aid may be paying on behalf of the Patient or Payer (as the case may be) the Hospital's agreement is with the Patient or Payer, as the case may be, who remains ultimately liable for payment of all amounts due to the Hospital.**

14. INFECTIOUS DISEASE RISK AND INDEMNITY

- 14.1 Admission to the Hospital and/or undergoing any treatment or procedure at the Hospital has inherent risks including illness, injury or even death. Patients may be exposed to the infectious diseases of any communicable strain, particularly when epidemic and/or pandemic circumstances exist. This is an inherent risk that exists in any Hospital and/or healthcare facility.
- 14.2 Patients admitted and being treated for a communicable disease under epidemic and/or pandemic circumstances expressly acknowledge and understand that:
 - 14.2.1 The Hospital, together with attending doctors and medical practitioners at the Hospital will do its best provide Patients with the appropriate care and resources for the treatment of the communicable disease, but the availability of these resources may be limited. The Hospital, the attending doctors and medical practitioners are required to manage the limited resources available and follow triage guidelines (assigning degrees of urgency to wounds or illness to determine the order of patient treatment) for treating patients with communicable diseases.
 - 14.2.2 Accordingly, when being admitted to and treated at the Hospital for a communicable disease in epidemic and/or pandemic circumstances, the level of treatment and care received by the Patient will depend on the availability of critical treatment resources at the time and Patients will be assessed and triaged by the attending doctors and medical practitioners at the Hospital. This may result in certain Patients being prioritised to receive access to these critical treatment resources over other Patients based on the triage level assigned to the Patient.
- 14.3 In epidemic and/or pandemic circumstances, Lenmed, the Hospital, its directors, officers, agents, consultants, employees and/or contracted service providers will not be liable to the Patient, the Payer, the Patient's estate or dependants or Medical Aid for any injury, illness, death, cost (direct or consequential), expense, harm, loss (including consequential loss and loss of profits), or damage (collectively referred to as "Loss") of any nature whatsoever that the Patient may sustain or suffer as a result of him/her being infected with any communicable disease while at the Hospital and/or being treated for any communicable disease at the Hospital.
- 14.4 The Patient agrees and accepts that given the nature of communicable diseases, the period in which persons infected with a communicable disease may be asymptomatic, the risks inherent with the treatment of communicable diseases and the extraordinary demand on critical resources that may be required for treatment of communicable diseases, that the Hospital's limitation of liability for any Loss is justified in the circumstances.

15. ACKNOWLEDGEMENTS AND UNDERTAKINGS

By signing this admission form, you acknowledge and agree that:

- 15.1 **All the information on the Patient Data Form reviewed and/or completed by you is true, accurate, and correct, and forms part of this admission form.**
- 15.2 **Where this admission form is signed electronically, it has been signed by way of an electronic signature. A copy of the signed admission form and Patient Data Form will be emailed to you. Please let us know if you do not receive your copy by email. The Electronic Communications and Transactions Act, 2002 (ECTA), will apply to this admission form in**

relation to concluding electronic agreements and the validity of electronic signatures.

- 15.3 **You have read and understood clause 7 of this admission form generally, and specifically sub-clause 7.3.**
- 15.4 **You have carefully read and are bound by the terms of this admission form. This admission form will be legally binding, valid and enforceable, notwithstanding that i) it has been concluded and signed electronically, ii) each page has not been initialised by you, and iii) your signature has not been verified by a witness.**
- 15.5 **Where this admission form is being signed for or on behalf of a minor child (under the age of 18), that you are a competent person (e.g. parent or legal guardian) authorised to sign this admission form for and on behalf of the minor child, that as the parent/legal guardian of the minor child you are bound by and accept the terms and conditions in this admission form and you accept responsibility for payment of all amounts payable to the Hospital.**

Signed at on the day of

PATIENT/GUARDIAN

Patient / Guardian or Payer or Person responsible for explaining the contents of this admission form to the Patient:

Name: _____
 Contact Number: _____
 Signature/Mark: _____

MAIN MEMBER /GUARANTOR / NEXT OF KIN

Full Name: _____
 Contact Number: _____
 Medical Aid Name & Number: _____
 ID / Passport Number: _____
 Signature: _____

HOSPITAL REPRESENTATIVE:

Full Name: _____
 Signature: _____