



APPLICATION FORM FOR AMENDMENT IN PATIENT/DECEASED RECORD

Date

Patient/Deceased Name *

Medical Record No.*

Full Name of Applicant

Applicant Relationship with Patient / Deceased

Applicant CNIC No.

Applicant Contact No.

Previous Information

Patient/Deceased Name *

Father's Name/Husband's Name *

Patient / Deceased CNIC No.

Date & Time of Death (In case of deceased)

Reason Of Death (In case of deceased)

Address

Change to

Patient/Deceased Name *

Father's Name/Husband's Name *

Patient / Deceased CNIC No.

Date & Time of Death (In case of deceased)

Reason Of Death (In case of deceased)

Address

Cause of incorrect Information feed in HMIS.

Authorized Signature (Other than Patient)

Please Note:

1. Only immediate family member (in person) is authorized to submit the application form.
2. A copy of National Identity Card of both the Patient / Deceased & Attendant and Copy of ER Slip (Emergency Slip) along with Application Form.