



ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG

Direct Admission Form

Date & Time of admission		IPD Reg. No:	
Admitting Doctor:			
Referred from:			
Patients information			
Name		Age/Sex/Gender:	
Nationality:			
CID/Work Permit No:			
Permanent Address:		Current Address	
Village/Gewog:		Village/Gewog	
Dzongkhag:		Dzongkhag	
Contact No:		Occupation:	
Attendant/Relative/Guardian:			
Name:			
Relationship:			
Contact No:			
Admitted before	Yes	No	