CROOM HOSPITAL IN-PATIENT ADMISSION FORM

CHARI' NU. R025959
PID 115810
NAl'-1E MR NICR) IAS M) LCNEY

MAIDEN NAl'-1E

D.O.B.

SEX Mlle

MARrrnL STATUS

RELIGJ;CN

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G.P. NAl'-1E ill JOHN O IXNNELL

AILJRESS ENNIS F1\MILY MEDICAL CENIRE
OORI' ROAD
ENNIS
CD CI.ARE

'I'EI..EFKNENUv1BER 065 6822575

AILJ11ISSICN DATE 27 10 2015 TIME 10:30

DISGJARGE DATE 27 10 2015 TIME 16:00

DISGJARGE TO Hare

EX:NATICNAL Yes HEAL'IH CATEmRY 1

MEDICAL CARD I-0
CARD NU-1BER PRCDF SEEN Yes
REVIEW CI.ASS A
REVIEW DAIE February 2016

MEDICAL INSURANCE CDVER
INSURER
roLICY 'IYPE
roLICY NU-1BER

cx::NSUL'TINI' Prof D Hamra1.

PATIENT Siro:US FIJBLIC TO CXNSUL'TINI'

WARD f:NWARD

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f:N rn5E Yes MATERNTIY rnsE N

EXEMPI'ICN RrA rnsE lb

REFERRIN3 D:CTOR ill JOHN O IXNNELL

AILJRESS ENNIS F7lMILY MEDICAL CENIRE
OORI' ROAD
ENNIS
CO CLARE

TELEfHCNE NCM3ER 065 6822575

BY A!VlBUI.AN:E

lASI' AIMISSICN TO 'ENY HOSPI'TII.L
(Within last 12 m::nths)

HOSPI'TII.L

DATE

SED:NI:lARY cx::NSUL'TINI'

I HEREBY APPLY FOR HOSPITAL SERVICES UNDER THE HEALTH ACTS FOR MYSELF/ MY SPOUSE/ MY CHILD.

I WISH TO BE TREATED AS A PUBLIC IN-PATIENT FOR THIS ADMISSION.

I WILL BE ACCOMMODATED IN PUBLIC ACCOMMODATION IF AVAILABLE. I AM LIABLE FOR:

THE DAILY IN-PATIENT CHARGE OF 75.00EUR UNLESS I ESTABLISH EXEMPTION.

If you are a non eu national you may be liable for the full economic charge

SIGNED: _____ DATE: 27-OCT-2015
PATIENT/SPOUSE/GUARDIAN