

CROOM HOSPITAL IN-PATIENT ADMISSION FORM

CHARI' NU. R025959
PID 115810
NAL'-1E MR NICR) IAS M) LONEY

MAIDEN NAL'-1E

D.O.B.

SEX Mle

MARRmL STATUS

RELIG;CN

o:cupATION

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aJRRNI' AUURFSS

HOME ADDRESS

NEXT OF KIN

REL.A.TIONSHIP

ALLJRESS

NEXT OF KIN

'I'EL..EFNE

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

ALLJRESS ENNIS FLMILY MEDICAL CENTRE
CORT' ROAD
ENNIS
CD CLARE

'I'EL..EFNENUMBER 065 6822575

ADJLISSION DATE 27 10 2015 TIME 10:30

DISGJARGE DATE 27 10 2015 TIME 16:00

DISGJARGE TO Hare

EX: NATIONAL Yes HEAL' TH CATEmRY 1

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

MEDICAL INSURANCE COVER
INSURER
roLICY 'TYPE
roLICY NU-1BER

cx: :NSUL'TINI' Prof D Hamral.

PATIENT Siro:US FIJBLIC TO CNSUL'TINI'

WARD f:NWARD

ADJLISSION s::xJRC Planned Mniission fran Waitin

f:N m5E Yes MATERNITY m5E N

EXEMPI'ICN RrA m5E lb

REFERRIN3 D:CTOR ill JOHN O IXNNELL

ALLJRESS ENNIS FLMILY MEDICAL CENTRE
CORT' ROAD
ENNIS
CD CLARE

TELEPHONE NCMBER 065 6822575

BY A/VIBULAN:E

LAST' AMISSION TO 'BNY HOSPI'TI.L
(Within last 12 m::nth)

HOSPI'TI.L

DATE

SED:NI:LARY cx: :NSUL'TINI'

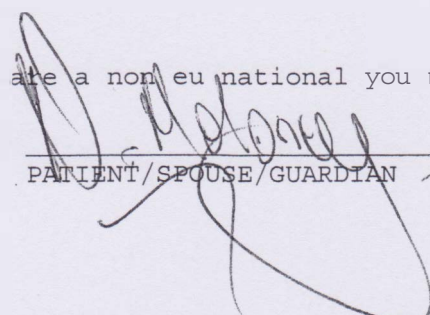
I HEREBY APPLY FOR HOSPITAL SERVICES UNDER THE HEALTH ACTS FOR MYSELF/ MY SPOUSE/ MY CHILD.

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: 
PATIENT/SPOUSE/GUARDIAN

DATE: 27-OCT-2015