

Car Park Registration

Basic Information Doctor's Name (in Full): MCHK#/HKAH Dr. Code#: Please tick the appropriate box. First time registration Car Plate Number: Octopus Card Number: **Contact Number: Change Octopus Number** Octopus Card Number: * Extra / *Change Car Plate (Please delete as appropriate) Car Plate Number: Doctor's Signature: _____ Date: _____

Please return the form to Medical Affairs Office by medicalaffairsoffice@twah.org.hk (Email) / 2275 6473 (Fax) or mail to Hong Kong Adventist Hospital - Tsuen Wan, 199 Tsuen King Circuit, Tsuen Wan, N.T. Thank you!