

IN-PATIENT PREREGISTRATION

To make it easier when you are admitted to the Oswaldo Cruz German Hospital, complete and send the form below, if possible 72 hours in advance.

The purpose of preregistration is to speed up the process, but it does not guarantee that a bed will be reserved for you. If you have any queries [contact the team at the International Patient Services.](#)

HOSPITALIZATION DETAILS

Probable/planned date for admission (mm/dd/yyyy):

Expected time of arrival:

 h min

a.m.

p.m.

Physician responsible for hospitalization:

Method of payment:

Private

Medical insurance

Payment to be made by:

Patient

Person responsible

PATIENT DETAILS

IDENTIFICATION

Full name*:

ID*:

Type*:

RG

RNE

Passport

Other:

CPF (for Brazilians and residents):

Sex*:

Female

Male

Date of birth* (mm/dd/yyyy):

Country of citizenship:

Father's name*:

Mother's name*:

Marital status*:

Single

Married

Separated

Divorced

Widowed

Profession*:

ADDRESS

Address*:

Number*:

Unit:

District:

City*:

State:

Postal Code:

Country*:

PHONE NUMBERS AND EMAIL ADDRESS

Home phone*:

Cell phone*:

Business phone:

Email address*:

DETAILS OF THE PERSON RESPONSIBLE FOR THE PATIENT

IDENTIFICATION

Full name*:

ID*:

Type*: RG
 RNE
 Passport
 Other:

CPF (for Brazilians and residents):

Sex*: Female
 Male

Date of birth* (mm/dd/yyyy):

Country of citizenship:

Father's name*:

Mother's name*:

Marital status*: Single
 Married
 Separated
 Divorced
 Widowed

Profession*:

Relationship to the patient*:

ADDRESS

Address*:

Number*:

Unit:

District:

City*:

State:

Postal Code:

Country*:

PHONE NUMBERS AND EMAIL ADDRESS

Home phone*:

Cell phone*:

Business phone:

Email address*:

** These fields must be completed*