PATEL HOSPITAL

Date:_____

A Project of Patel Foundation
User Registration/Right Changes Form

Hand Punch: _____   **Designation**:_____

User Name: _____   **Department**: _____

☐ **User Registration**   ☐ **User's Rights Changes**

Authorization:

☐ **Form View**	**Store Request Item Type**
☐ **Addition**	☐ General ☐ FSD ☐ Pharmacy ☐ Lab
☐ **Cancellation**	**Modules**
☐ **Editing**	☐ HR ☐ Front Office ☐ Wards Management
☐ **View Reports**	☐ Pharmacy ☐ Lab ☐ Radiology

Other Modules:_____

REQUEST RAISED BY: ————————— **SIGN:** —————————

HOD SIGN: ———————— **DO/MD SIGN:** —————————

For IT Department Only:

COMMENTS:_____

ASSIGNED ID : _____   (**Only For IT Department**)

RECEIVED BY: ———————— **SIGN:** ————————

HOD SIGN: ———————— **DATE:** ————————