國軍臺中總醫院個人資料異動單

Taichung Armed Forces Hospital Personal Information Change Form

Original Name (Old)		ID Number	
Changed Name (New)		ID Number (Please do fill in the change, if any)	
Contact Number		Time of Change	
Household Address	County/City Village/Town/District Community Neighborhood Street Segment Lane Alley No. Floor Apartment		

Affix the front side of your ID here (or other identification document)

Affix the back side of your ID here

Change made by: **Change made on:**
Note: This change form is only used for basic information update and will be archived with the patient's medical records.

Reviewed and approved by the Medical Records Management Committee on July 18, 2013
No. MR01-2