



**APTUS SURGERY CENTRE PTE LTD**

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**SURGERY BOOKING HOTLINE 6238 8049**

*Paste Patient Label Here*

NAME : \_\_\_\_\_  
NRIC/ PP No : \_\_\_\_\_  
Gender : M / F \_\_\_\_\_  
Address : \_\_\_\_\_  
DOB: \_\_\_\_\_  
ALLERGY \_\_\_\_\_  
Tel/Hp No.: \_\_\_\_\_

Nature of Operation: \_\_\_\_\_

Date of Operation: \_\_\_\_\_ Time of Operation: \_\_\_\_\_

Duration of Operation: \_\_\_\_\_

Anesthesia Type: (please circle one) LA / IV Sedation / GA

Surgeon's Name: \_\_\_\_\_ Anesthetist's Name: \_\_\_\_\_

Special Instructions / Equipments Required: \_\_\_\_\_

Bill Clinic  Bill Patient  Log

Bed  Suite  Overnight  Not Overnight

Name of clinic staff: \_\_\_\_\_ Confirmed by: \_\_\_\_\_