

# Hospital Visitor Pass Request Form

Please fill in the information below. Once completed, print this page and present it at the reception desk to receive your physical visitor pass.

## Patient Information

Patient Full Name:

Ward / Room Number:

## Visitor Information

Visitor Full Name:

Contact Phone Number:

Relationship to Patient:

## Visit Details

Date of Visit (MM/DD/YYYY):

Estimated Arrival Time:

## For Administration Use Only

Approved By (Staff Name):

Issued Pass Number: