Sir H. N. Reliance Foundation Hospital And Research Centre
RESPECT FOR LIFE

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Mumbai - 400004
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Website: www.rfhospital.org

REQUEST FOR CHANGE IN BED CLASS - DOWNGRADATION

Patient ID:

Patient Name:
First Name Middle Name

Last Name

Admitting Doctor:

Date of Admission: DD - MM - YYYY

Current Bed No: Current Bed Class: _____

Current Bill amount: _____ Paid amount: _____

Request for Bed Class: _____

Kindly Note: Down gradation will be effective from the day of approval from Management.

Patient/Legally Authorized Representative Sign:	Date: DD - MM - YYYY	Time: HH : MM AM/PM
Name of Legally Authorized Representative:	Relationship with Patient:	
Name of Patient Experience Executive:	Patient Experience Executive Sign:	
Name of Approver:	Approver Sign:	
Effective From:	Date: DD - MM - YYYY	Time: HH : MM AM/PM