



## **Allotment of Donor Room**

Name of the Patient:

Date of Admission & Hospital Number:

Date of Discharge:

Purpose ( Inpatient/Diagnosis):

Availability

☐ yes

☐ No

Request by:

Approved/ Not Approved

**DIRECTOR**

Date:

- In the event of any member of the Royal Family (erstwhile) requiring the room, it may have to be vacated at short notice.*