



# UNIVERSITY OF CEBU MEDICAL CENTER

Site Address: Ouano Ave., North Reclamation Area, Mandaue City

Office Address: UC Building, Sanciango St., Cebu City

Tel No. 253-3377 . 420-9972

## RESERVATION FORM FOR CLINIC SPACE

Department : \_\_\_\_\_

☐ Solo

☐ Willing to Share

Name:	(Family)	(First)	(Middle)	PRC NUMBER: _____
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Mailing Address:	Mobile No.
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Clinic Address:	Tel No.:
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Residence:	Tel No.
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E-mail Address:	Fax No.
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- Application for Medical Staff a requirement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant