



NEOM Hospital Form

Accommodation Check-Out Form

IFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	HANE MAHEBOOB			
Company ID/Passport No.	1061582472	Company Name	TAKEEH	
Department	NEUROLOGY	Position	PHYSICIAN	
Building Number	B- 1	Room Number	R- 2	
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/> TRANSFER ROOM				
Section 2. Furniture, Electrical, Appliances & Household Items				
Personal Items	Issued No	Common Items	Issued No	
Bed with mattress	1	Fridge	1	
Bedside Table	1	TV	1	
Bed Sheet, Pillow & Pillowcase	2	Telephone	1	
Duvet, Bath Towel, Hand Towel & Face Towel	1	Chairs	2	
Room Door Key	1	Coffee Table	1	
Snack Plate, Coffee Mug, WaterGlass & Spoon	1	TV Remote	1	
Room Slippers	1	A/C Remote	1	
Welcome Pack Set	1	Laundry Bag	1	
Bed Lamp	1			
Section 3. Guest Remark				
Guest Signature:			Check-Out Date	14-17-2024
Section 4. Accommodation In-charge Remarks				
Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Accommodation In-charge Name	DIANNE			
Accommodation In-charge Signature			Date	14-17-2024