

FAMILIES OF SMA (SPINAL MUSCULAR ATROPHY) CHARITABLE TRUST

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S.M.A. PATIENT REGISTRATION FORM

I understand that the "Families of S.M.A. Charitable Trust" is a non-profit organization set up for the purpose of furthering medical research to find a cure for S.M.A. diseases, provide patient support, help needy S.M.A. families and promote public awareness of the S.M.A. diseases in Hong Kong.

Please register me on the "Hong Kong S.M.A. Patient Database" and keep me informed of current developments.

Patient Personal Information	on			
Patient English Name:		Chinese Name :		
HKID: (If applicable)		Sex:	_ Date of Birth:	
Mailing Address:				
			Fax:	
S.M.A. Type: Type I □	Type I I □	Type I I I □	Type IV □	
Year of diagnosis of S.M.A.:				
Name of consulting doctor/ho	ospital:			
Guardian Personal Informa				
Name (Mr/Miss/Mrs):				
Mailing Address:				
Email:				
All information provided				
Signature:			Date:	
Dlagge submit this Form by E	AV or MAIL to			

Please submit this Form by **FAX** or **MAIL** to:

Families of S.M.A. Charitable Trust Room 1402, 14 Floor, SUP Tower, 83 King's Road, North Point,

HK Hotline: 2811 1767 Fax: 2510 7199

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