

King Saud University Hospital Computer & Information Department

Physician Biographic Data

Doctor ID*		Title			Initials	
Personal Information						
		English			Arabic	
First Name*						
Second Name*						
Third Name*						
Family Name*						
Sex						
Nationality						
Contact Information	T					
Home Address 1*						
Home Address 2						
Suburb /Area			Office Phone/M	obile*		
Home Phone*			Bleep*			
Position Information						
Consultant	Yes	No	Full Time			
Faculty Member	Yes	No				
Senior Medical Staff	Yes	No				
Visiting Doctor	Yes	No	Visit End Date			
Position*						
Qualifications*						
Doctors Department						
Department						
Doctor Signature			Date			
Dept. Head Signature			Date			
Computer & Information Department						
Director Signature			Date			
Assigned to			Date			
Done By			Signature			
Remarks						

This Number Will assigned by Computer & Information Department if You Prefer any Number of (5 Digits) Please specify it(Ex:Your Computer Number)