

ORGAN DONOR CARD

Decide to be an organ donor and tell your family

I request that after my death (Please tick the Applicable Box)

Any part of my BODY be used for treatment of others

OR

My Kidneys Heart Liver Lungs Pancreas Eyes
be used for transplantation.

Signature_____ Date_____

Full name (BLOCK CAPITALS)_____

The following family member knows of my wishes

Name_____ Relationship_____

Address_____

_____ Tel._____

HINDUJA HOSPITAL