

Instruction:

This form must be completed and signed by the Applicant who may be the Patient or the Parent/Legal Guardian (if the patient is below 18 years of age) or the Next of kin (if the patient is deceased) to authorise the release of report(s) by Penang Adventist Hospital.

Note:

It is the policy of Penang Adventist Hospital that information regarding a patient is released only in person to protect confidentiality. In requesting for report(s) via email/fax, the applicant agrees and releases Penang Adventist Hospital from any risks or liability that may occur when using email/fax. ***This consent form is valid for 90 days from the signed date.***

PATIENT'S PARTICULARS

Given Name (as in NRIC/Passport): _____
 NRIC/Passport No.: _____ Hospital Number: _____
 Period of Attendance / Admission in PAH : _____

DECLARATION BY PATIENT / APPLICANT

I, _____ NRIC / Passport No.: _____
 hereby authorise Penang Adventist Hospital to release the following report(s):

Type of Report:

X-Ray Report Discharge Summary Pap Smear Report Laboratory Report Medical Report
 Insurance Form Others (Please specify): _____

Purpose of Request:

Continuity of Care Insurance Claim Insurance Application Legal Proceedings Second Opinion
 Healthcare Facility: _____ Others (Please specify): _____

By :

Hand Email: _____ Fax : _____
 Postal Mailing Address: _____

To : Following person / Agent / Company / Insurance Company/Healthcare Facility **OR** Myself

 (Name) NRIC/Passport No.: _____ MALAYSIA

Date: _____ Contact No: _____

Name of Applicant: _____ Signature of Applicant: _____

NRIC/Passport No.: _____ Relationship to patient: _____

| RECEIPT BY | DATE: | RELEASED BY | DATE: |
|--------------------------|-------|---------------------|-------|
| Name: _____ | _____ | Name: _____ | _____ |
| Signature: _____ | _____ | Signature: _____ | _____ |
| NRIC/Passport No.: _____ | _____ | Employee No.: _____ | _____ |