

RELEASE OF MEDICAL INFORMATION REQUEST/ AUTHORISATION FORM

| (Patient Name) | _MRN | Date of Birth |
|--|---|--|
| Contact no authorise Mediclinic Welcare Hospital to release information to | | |
| (Name of person or organisation if different from above name | d patient) | |
| Contact no Address | | |
| The release of medical information shall be done via: | | |
| Mail In person Email | Fax | Other |
| *Reports will only be released in English. Please ensure comple delay of issuance of medical information. | etion of all field | s. Submission of incomplete forms will result in a |
| Date of visit to Mediclinic Welcare Hospital | De | octor's name |
| | | |
| Type of information to be released (please check all th | at apply) | |
| Laboratory reports | Discharge summary (Maximum three working days) Regular medical report (Maximum five working days) (You will be charged Dhs 100/- for written medical report) | |
| Please specify | | |
| Radiology reports (<i>x-ray, ultra sound, CT, MRI reports</i>) | | |
| Please specify | – Please sp | ecify |
| Other | | |
| Please specify | Comprehensive medical report (Maximum five working days) (You will be charged Dhs 430/- for written medical report) | |
| | Please sp | ecify |
| | | |
| I understand that I may revoke this authorisation at any following this date, except for the information which ma form will be effective for one year from date of signature | ay have been | |
| Signature | Date | |
| Patient or person giving consent (name printed) | | |
| The signature is of the | | |
| Patient Parent of minor Legal guardian | ∐Patient's | next of kin |

Person authorised by patient _____ Relationship to patient, if any ____

• Complete and sign the form then hand it over in main reception or e-mail to: Info.Release@mediclinic.ae

• Medical record department staff will call and inform you once the report is ready and if any delay in process

• For further clarification - contact the Medical Records Department, T +971 4 283 3779 or e-mail to: Info.Release@mediclinic.ae

Mediclinic Welcare Hospital has no obligation/responsibility for the reports given to the authorised person