



Kindly spend a moment to provide us with important information about yourself so that we would be able to maintain an accurate record of your visits. Thank you.

PATIENT PROFILE

姓 LAST NAME:

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名 FIRST NAME:

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中间名 MIDDLE NAME:

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SUFFIX: (JR. SR. III etc.) 出生日期 BIRTHDAY: MM DD YEAR

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地址 ADDRESS: HOUSE NO. LOT NO. BLOCK NO.

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STREET NAME

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VILLAGE/SUBDIVISION/BARANGAY

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CITY/MUNICIPALITY

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性别 GENDER:

男 MALE 女 FEMALE

CONTACT DETAILS:

电子邮箱 E-MAIL ADDRESS _____

联系电话 HOME PHONE _____

联系电话 WORK PHONE _____

手机 MOBILE PHONE _____

现有国籍
婚姻状况
当前职业
工作单位

NATIONALITY _____

CIVIL STATUS _____

OCCUPATION _____

EMPLOYER/COMPANY _____

紧急联络人信息 WHOM TO NOTIFY IN CASE OF EMERGENCY:

姓 LAST NAME:

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名 FIRST NAME:

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中间名 MIDDLE NAME:

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与申请人的关系

RELATIONSHIP _____

电话

CONTACT NUMBER: _____

Results are normally made available within 24 hours after the visit. Results of medical tests required by your employer or potential employer are sent to them as agreed between you and your employer.

If you are an individual walk-in patient, we are giving you options on how the test results will be obtained. Should you decide to pick up the results yourself, we will give you an opportunity to discuss it with one of our general physicians – free of charge.

How would you like to obtain the results of your medical tests? Please check one and cross out the others:

- I will pick up the results myself
- A representative with an authorization letter will pick up the results
- Please send to my e-mail address supplied above.

WAIVER

I understand that the security and reliability of obtaining the results through means other than personal pick-up cannot be guaranteed and therefore confidentiality of the results may be breached. Under these circumstances, I hereby set Fortmed Medical Clinics Makati, Inc., its management, doctors, employees and representatives free from any liability whatsoever arising from such breach and the consequences thereof. I hereby authorize Fortmed to send results of my laboratory and diagnostic tests to my employer, if applicable.

签名 SIGNATURE

日期 DATE