

RELEASE OF MEDICAL INFORMATION REQUEST/ AUTHORISATION FORM

I (Patient Name) _____ MRN _____ Date of Birth _____

Contact no. _____ authorise Mediclinic Al Sufouh to release information to

(Name of person or organisation if different from above named 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 completion of all fields. Submission of incomplete forms will result in a delay of issuance of medical information.*

Date of visit to Mediclinic Al Sufouh	Doctor's name
_____	_____
_____	_____
_____	_____

Type of information to be released (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Laboratory reports
Please specify _____

<input type="checkbox"/> Radiology reports (x-ray, ultra sound, CT, MRI reports)
Please specify _____

<input type="checkbox"/> Other
Please specify _____
_____ | <input type="checkbox"/> Discharge summary (Maximum three working days)

<input type="checkbox"/> Regular medical report (Maximum five working days)
(You will be charged Dhs 100/- for written medical report)

Please specify _____

<input type="checkbox"/> Comprehensive medical report (Maximum five working days)
(You will be charged Dhs 430/- for written medical report)

Please specify _____
_____ |
|---|--|

I understand that I may revoke this authorisation at any time by written notification to Mediclinic Al Sufouh following this date, except for the information which may have been released prior to the revocation. This consent form will be effective for one year from date of signature.

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: sufouh@mediclinic.ae

Mediclinic Al Sufouh has no obligation/responsibility for the reports given to the authorised person