



International Hospital of Bahrain W.L.L.

How Medicine Should Be

PO Box 1084 Manama, Kingdom of Bahrain

Tel. +973 17598222

REQUEST FOR A MEDICAL REPORT

1. Patient's name

PID Number

Doctor

Authorisation to release information

I hereby authorise the above named physician to release information acquired in the course of my examination and treatment to

.....

..... Signed.....Patient

2. **Doctor**

Short Report

Full Report

Claim Form

Required for

3. **Medical Secretary**

To be collected

Urgent

Please Mail *

Routine

* If to be mailed, please give address:

.....

.....

4. **Business Office**

Paid

Billed

Courtesy

To:

International Hospital of Bahrain, PO Box 1084 Manama, Kingdom of Bahrain

I hereby authorise International Hospital of Bahrain to hand over the bearer /post my medical report in exchange for this slip.

Patient's NamePID No. Signed.....

P.S. Please submit this slip to the Business Office to deliver/dispatch medical report.