



**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 Name .....PID No. .... Signed.....

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