

## RELEASE OF MEDICAL INFORMATION REQUEST/ AUTHORISATION FORM

l (Patient Name)	_MRN		Date of Birth	
Contact no authorise Mediclinio	c Al Noor H	ospital to re	lease 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	🗆 F	ах	Other	
*Reports will only be released in English. Please ensure comple delay of issuance of medical information.	etion of all fie	lds. Submissi	ion of incomplete forms will result in a	
Date of visit to Mediclinic Al Noor Hospital		Doctor's name		
Type of information to be released (please check all th	nat apply)			
Laboratory reports	Discha	<ul> <li>Discharge summary (Maximum three working days)</li> <li>Regular medical report (Maximum five working days) (You will be charged Dhs 100/- for written medical report)</li> </ul>		
Please specify				
Radiology reports (x-ray, ultra sound, CT, MRI reports)         Please specify		-		
Other				
Please specify	Comp (You w	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 following this date, except for the information which ma form will be effective for one year from date of signatu	ay have bee			
Signature	Date			
Patient or person giving consent (name printed)				
The signature is of the  Patient Parent of minor Legal guardian	Patien	t's next of k	in	
Person authorised by patient				
Relationship to patient, if any				
<ul> <li>Complete and sign the form then hand it over in main recept <u>MANH-HealthInformationManagement@mediclinic.ae</u></li> <li>Medical record department staff will call and inform you once</li> </ul>			f any delay in process	

For further clarification - contact the Medical Records Department, T +971 2 613 9622 or e-mail to:

MANH-HealthInformationManagement@mediclinic.ae

## Mediclinic Al Noor Hospital has no obligation/responsibility for the reports given to the authorised person