PARAMOUNT
DIRECT

11th Floor Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City 1229, Philippines
Telephone: (02) 8539-5200
www.paramountdirect.com

Name of Patient: ______________________________

Address: ______________________________

Below is the previous and present Clinical Records of above subject - patient.

DATES	DIAGNOSIS	TREATMENT / MEDICATION

I hereby certify that the above information are true and correct.

Physician *(Print Name)* ______________________________

Signature of Physician ______________________________

PTR Number ______________________________

Name and Address of Hospital / Clinic ______________________________

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(You may use the reverse side for additional information.)

A department of: