DIAGNOSTICS PLUS INC.

Ground Floor, Legenda Building, L. Sumulong Road
Memorial Circle, San Roque, Antipolo City 1870
www.diagnosticsplus.ph (0977) 807-0256
info@diagnosticsplus.ph (02) 7007-0256

PATIENT REGISTRATION FORM

PATIENT INFO

PATIENT ID NO.		DATE AND TIME OF VISIT	
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME ADDRESS			
EMAIL ADDRESS	HOME / WORK PHONE	MOBILE PHONE	
DATE OF BIRTH (MM-DD-YYYY)	AGE	GENDER	MARITAL STATUS
PHYSICIAN'S NAME (write N/A if none)			

TEST REQUESTS

TEST/S REQUEST:

REMARKS

PRIVACY POLICY

NOTICE OF PRIVACY PRACTICES

Privacy: . It is our policy at Diagnostics Plus Inc. that we protect your personal health information against disclosure to unauthorized entities or persons. Computers or other devices used to store your protected health information at this facility are isolated from any internet outside connection.

With your consent (below), we will share your personal health information only with entities or persons directly related to your health care needs or to your authorized representative. We will ask for your written permission for any other disclosure of your personal health information.

Consent: If I am unable to claim my test result, I authorize the release of my results via:

[ ] Authorized Representative (must present Valid ID and Authorization Letter)

[ ] Portal / E-mail: _____

[ ] Mail to address: _____

By signing this Patient Registration Form, you confirm that all the information and test requests written above are correct and you accept our processing of your information and agree to our Privacy Policy.

_____ _____

Patient or Legal Guardian's Signature Over Printed Name *Date*

** If signing as legal guardian for minor or incapacitated patient, please indicate your relationship:* _____