

AUTHORIZATION TO RELEASE COPIES OF TAX INVOICE / GUARANTEE LETTER / MEDICAL CLAIMS FORMS

Admission & Registration

Patient Name:	Patient No.:
Passport / NRIC No.:	Date:
Tel No.:	Bill No.:

Authorization

I, _____ (Passport / NRIC NO. _____) *Patient / Legal Guardian of the above-mentioned patient, hereby authorize and instruct Mahkota Medical Medical Centre Sdn Bhd ("MMCSB") to release the below to Mr / Ms _____ (Passport / NRIC No. _____).

- Copy of Summary Tax Invoice
- Copy of Guarantee Letter together with its supporting documents
- Copy of Medical Claim Forms together with its supporting documents
- _____

I further agree to indemnify and keep MMCSB, its employees, Medical / Dental Practitioners against any cost, fees, expense, damage, claim, legal proceeding, demand, liability, loss, damage or action or whatever arising from releasing the above to the abovementioned recipient.

Authorized By:

For Office Use
 Attended By:

 Name:
 Passport /
 NRIC No. :
 Date:

 Name:
 Designation:
 Employee No.:
 Date: