

Verdure Healthcare Consultancy Sdn Bhd

KL office: Suite 33-01-38, 33/F, Menara Keck Seng
203, Jalan Bukit Bintang,
55100 Kuala Lumpur.
Phone: 03-21169722
Fax: 03-21169723
Email: verdure_healthcare@yahoo.com.hk

Penang office: No 11A-04-03, NB Place,
Jalan Gottlieb, Bagan Jermal,
10350 Georgetown Penang.
Phone: 04-2271129
Fax: 04-2272129



Patient's Request Form

Patient's Name:.....

I.C. No:.....Age:.....Sex:.....

Date:.....

Examination Required:

Test Code	Test	Please Tick (✓)
5001	Seminal Analysis (Sperm Count)	
X33	Pelvic Ultrasound	
X36	Scrotom Ultrasound	
X37	Prostate Ultrasound	
X32	Breast Ultrasound	
X21	Upper Abdoment Ultrasound	
CY104	LC-Prep Pap Test	
	Others (.....)	

CONSENT TO RELEASE MEDICAL INFORMATION TO VERDURE HEALTHCARE CONSULTANCY SDN BHD

I,.....(NRIC:.....),
Hereby authorize BP Diagnostic Centre Sdn Bhd to release all my medical information, results and reports to Verdure Healthcare Consultancy Sdn Bhd. I unconditionally promise not to hold BP Diagnostic Centre Sdn Bhd and/or any of its staffs responsible for the medical information release and the release of the medical information.

Agreed by,

Witness by ,

.....
Name:
Date:

.....
Name:
Date: