



SAMAHANG KOOPERATIBA NG MLHULLIER PAWNSHOP'S EMPLOYEES

11th FLOOR HEART TOWER CONDO. 108 VALERO ST. SALCEDO VILL. MAKATI CITY

TELEFAX : (02) 843-2485 CELLPHONE: 0947-999-1747 EMAIL : sakoheart@rocketmail.com

OUT-PATIENT CLAIM FORM

NAME OF EMPLOYEE : _____ DATE OF CONSULTANCY : _____

NAME OF PATIENT : _____ SEX : _____ AGE : _____

POLICYHOLDER : _____

COMPLAINTS : _____

RECOMMENDATION - LABORATORY EXAMINATIONS : _____

PRESCRIBED MEDICINES : _____

FINAL DIAGNOSIS : _____

ATTENDING PHYSICIAN'S
SIGNATURE OVER PRINTED NAME

OFFICE ADDRESS & TELEPHONE NO.

LICENSE NO.

EMPLOYEE'S SIGNATURE

EMPLOYER'S SIGNATURE (HRD)

NOTE : PLEASE ATTACHED THE ORIGINAL DOCTOR'S PRESCRIBED AND OFFICIAL RECEIPTS.