

CONSENT TO RELEASE INFORMATION - PATIENT RECORDS

I, _____ NRIC / Passport No. _____
Patient name

hereby consent unequivocally for **Cardiac Vascular Sentral (Kuala Lumpur) Sdn Bhd** to disclose, release or to provide any records, knowledge or information whether medical or otherwise contain in patient records of *myself / my child _____

NRIC /Passport No. _____ to _____

employer / hospital / clinics / insurance company / goverment offices / person

and hereby unconditionally release **Cardiac Vascular Sentral (Kuala Lumpur) Sdn Bhd** from all legal responsibility or liability that may rise from this consent. A copy of this authorization shall be as valid as the original and be filed in my patient records as future references.

** please delete whichever not applicable.*

Or

Signature of Patient

Signature of Parents / Guardian
if a patient below 18 years old

Name : _____

Name : _____

NRIC / Passport No : _____

NRIC / Passport No : _____

Date : _____

Date : _____