



高怡醫務所

Bright Growth Doctors & Associates

ATY HEALTHCARE COMPANY



天一醫務所

Request for Medical Services

Part A (Company)

Company Name 公司名稱 _____

Company Stamp/
Authorized Signature
公司印章/簽字 _____

Date 日期 _____

Part B (Patient)

I hereby authorize Bright Growth Doctors & Associates or TY Medical Practice, or its medical and nursing personnels, to furnish to the above company, or its representative(s), any and all information with respect to my illness, medical history, consultation, prescriptions or treatment. A photocopy of this authorization shall be considered as valid as the original.

本人謹授權高怡醫務所或天一醫務所或其醫護人員可向上述公司或其代表提供有關本人之部份或全部健康紀錄及治病詳情。本人明白此授權書之影印本與正本功能無異。

Signature 簽名 _____

Name 姓名 _____

Date 日期 _____

Part C (Doctor)

Diagnosis _____

Doctor's Name
& Signature _____ Date _____