

**TUGUEGARAO CITY PEOPLE'S GENERAL HOSPITAL
ONLINE SERVICE**

APPLICATION FORM FOR MEDICAL RECORD/S

Note: This form is downloadable. Please email accomplished copy of the form together with other required supporting documents to tugcityPGH@gmail.com .

DETAILS OF REQUEST: Please check needed document.

- Medical Certificate
- Medical Abstract
- Operation Record
- OB Record
- Medico Legal Record
- Others (Please specify) _____

FEES: Payment of hospital fees for the service rendered shall made either through GCash, Paymaya, Credit Card, Debit Card, Paypal, LGU-Tuguegarao Bank Account

Certification Fee - P100.00
Authentication Fee - P100.00/page
Reproduction Fee - P10.00/page

NAME OF PATIENT:

SURNAME	FIRST NAME	MIDDLE NAME

DATE OF CONFINEMENT/OPD CONSULATION:

Date of Admission	Date of Discharge

NAME OF ATTENDING PHYSICIAN:

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NAME OF CLIENT (if request is made on behalf of patient)

SURNAME	FIRST NAME	MIDDLE NAME	
Residential Address			
Mobile No.:	FB Account Name:	Email Address:	SIGNATURE:

SUPPORTING DOCUMENTS:

1. Duly acknowledged Authorization/Special Power of Attorney incase document is requested other than by the patient.
2. Photo copy of valid ID of patient and/or the person authorized to request and receive the document.