



CLIENT APPROVAL FORM

Date: February 3, 2025

To: Dr. Jose Seth B. Cledera
Position: Head of Clinic Services
Organization/Department: Partido State University Clinic
Address: Brgy. San Juan Bautista, Goa, Camarines Sur

Subject: Approval to Designate Dr. Jose Seth B. Cledera as Project Client

This form serves as an official request for approval to designate Dr. Jose Seth B. Cledera as the primary client for our academic project under the CC5 Information Management course. The project involves the design and proposal of a Clinic Management System aimed at improving operational efficiency.

Project Overview:

- Project Title: Clinic Management System
- Objective: To analyze current workflows, identify challenges, and propose a customized system to enhance clinic operations, including patient records management, appointment scheduling, and medical inventory tracking.
- Scope: The project will involve gathering information on workflows, processes, and challenges within your clinic.

By signing this form, you grant permission to:

- Use Partido State University Clinic as the case study in our project documentation.
- Reference anonymized processes and challenges in our academic submissions.
- Engage your team (if feasible) for clarifications during the development phase.

All information provided will remain strictly confidential and used solely for academic purposes. No proprietary or sensitive data will be disclosed outside the university.

For questions or clarifications, please contact:

Name: James Ryan S. Gallego
Position: Group Leader, BSCS 2A
Email: gallego.jamesryan@psu.edu.ph
Phone: 0912-345-6789

I, _____, in my capacity as Head of Clinic Services of Partido State University Clinic, hereby approve the designation of our clinic as the client for the Clinic Management System project.

Signature Over Printed Name: _____

Date: _____

Noted by:

FRANCIA THERESA OLIVER
Instructor