



Tanauan Medical Center
#41 A. Mabini Avenue Barangay Poblacion IV,
City of Tanauan, Batangas
Telephone: (043) 784-5401 to 5406

**CARDIAC LABORATORY REQUEST
AND CONSENT FORM**

DATE: June 2018

NAME OF PATIENT: Paras Precious
(Last Name) (First Name) (Middle Name)

ADDRESS: Hacienda del Sol, Pangasinan Ton. City

BIRTHDATE: AGE:

GENDER: F STATUS:

PROCEDURES:

☐ Adult ☐ Pedia

☒ ELECTROCARDIOGRAM (ECG) ECG

☒ 2D-ECHOCARDIOGRAPHY ECG

☐ Fetal

ATTENDING PHYSICIAN: E. Cruz
(Signature over Printed Name)

DIAGNOSIS: KD S/P IVIG to check for rheumatoid

HMO:

☐ 24-HOUR HOLTER MONITORING

☐ 24-HOUR AMBULATORY BLOOD PRESSURE MONITORING

☐ CAROTID/VERTEBRAL DUPLEX SCAN

☐ TREADMILL EXERCISE TEST PROTOCOL:

Consent for Procedures

I, Jennifer M. Paras hereby authorize the hospital staff to perform the procedure indicated on the request form.

Ako si ay nagbibigay ng pahintulot sa mga empleyado ng hospital na gawin ang kinakailangan na pagsusuri.

Jennifer M. Paras Witness:
Signature over printed name Signature over printed name

Date

Designation

Co-signor for Consent

I hereby agree to be jointly responsible with the patient to conduct the procedures needed.

Ako ay sumasang-ayon at responsible sa alinmang pagsusuri na gagawin sa aking pasyente.

RESPONSIBLE PARTY / RELATION TO THE PATIENT
(Signature over printed name)
Date

Waiver for Self - Requested Procedures

I fully understood the procedure to be done to me or to the specimen that I will submit. I hereby, indemnify and hold harmless C.P. Reyes Hospital, its directors, officers, supervisors and employees from any claims and liability arising from or in any way connected to my request.

Aking lubos na naiintindihan ang mga eksaminasyon na gagawin sa akin o sa mga specimen na aking isusumite. Aking ipinapawalang sala ang C.P. Reyes Hospital, mga direktor, mga opisyal, supervisors at mga empleyado sa kahit ano mang pananagutang resulta ng aking kahilingan.

Consignee:

SIGNATURE OVER PRINTED NAME OF PATIENT

Date Signed

Witness:

SIGNATURE OVER PRINTED NAME OF ANCILLARY STAFF

SIGNATURE OVER PRINTED NAME / RELATION TO PATIENT

CONSENT

By signing below, I am giving my consent to the collection and processing of my personal data and agreeing to the PRIVACY NOTICE of this institution in accordance to Data Privacy Act of 2012.

PAHINTULOT

Sa pamamagitan ng paglagda sa ibaba, ibinibigay ko ang aking pahintulot sa pagkolekta at pagproseso ng aking personal na data at sumasang-ayon sa PAUNAWA SA PRIVACY ng institusyon na ito alinsunod sa Data Privacy Act ng 2012

Signature over Printed Name of Client