

<b>FOR HPD USE ONLY</b>
<b>LAB NO.</b>
<b>PID</b>

**PATIENT REGISTRATION SLIP**

PATIENT INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
BIRTHDATE (MM-DD-YYYY)	AGE	SEX AT BIRTH <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS		
CONTACT NO/S.		
PHYSICIAN'S NAME (or indicate N/A if none)		
<b>TEST REQUEST/S</b>		

**REMARKS:**

\_\_\_\_\_  
Patient or Legal Guardian's\* Signature over Printed Name Date

*\*Note: If signing as legal guardian for minor or incapacitated patient, please indicate the relationship to patient: \_\_\_\_\_*

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**DATA PRIVACY**

Hi-Precision Diagnostics respects and puts utmost priority on the confidentiality of your personal information. Please read our Privacy Policy to understand how we protect and use your personal information in accordance with Data Privacy Act of 2012, its Implementing Rules and Regulations, other issuances of the National Privacy Commission and other relevant laws of the Philippines. You may access our Privacy Policy at our branches and through our website at hi-precision.com.ph.

As a private client, I understand that I must personally claim or access my results online.

As a corporate client, I understand that I must abide by the instructions given to me by my employer / company / HMO / insurance agent / broker regarding release of results. When required, I also give my consent and allow HPD to post online and/or forward all the results of my medical examination including, but not limited to laboratory and ancillary examinations, to my employer / company / HMO / insurance agent / broker.

**CONDITIONS OF SERVICE AND CONSENT FOR LABORATORY PROCEDURES / DIAGNOSTIC EXAMINATIONS**

In consideration of services provided by Hi-Precision Diagnostics ("HPD"), the Patient or the legal guardian acting on behalf of the Patient agrees and consents to the following:

**1. Consent to Routine Medical Treatment/Services**

Patient consents to the rendering Laboratory Procedures/Diagnostic Examinations as considered necessary and appropriate by the attending physician or other practitioner. Patient authorizes the attending or other practitioner, the medical staff of HPD and HPD to provide Laboratory Procedures/Diagnostic Examinations ordered or requested by attending or other practitioner and those acting in his or her place. Patient fully understands and accepts the prices quoted for all the services which will be availed.

**2. Explanation of Risk and Treatment Alternatives**

Patient acknowledges that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO THE PATIENT concerning the outcome and/or result of any Laboratory Procedures/Diagnostic Examinations. While routinely performed without incident, there may be material risks associated with each of these Laboratory Procedures/Diagnostic Examinations.

**By signing this form:** Patient consents to Healthcare Professionals performing Laboratory Procedures/Diagnostic Examinations as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those Laboratory Procedures/Diagnostic Examinations that may be unforeseen or not known to be needed at the time this consent is obtained; and Patient acknowledges that Patient has been informed in general terms of the nature and purpose of the Laboratory Procedures/Diagnostic Examinations; the material risks of the Laboratory Procedures/Diagnostic Examinations and practical alternatives to the Medical Treatment/Services.

If Patient has any questions or concerns regarding these Laboratory Procedures/Diagnostic Examinations, Patient will ask Patient's attending provider to provide Patient with additional information. Patient also understands that Patient's attending or other provider may ask Patient to sign additional informed consent documents concerning these or other Laboratory Procedures/Diagnostic Examinations.

Patient acknowledges that a copy or an electronic version of this document may be used in place of and is as valid as the original.

Patient understands that the Healthcare Professionals participating in the Patient's care will rely on Patient's documented medical history, as well as other information obtained from Patient, Patient's family or others having knowledge about Patient, in determining whether to perform or recommend the Procedures; therefore, Patient agrees to provide accurate and complete information about Patient's medical history and conditions.

Patient confirms that Patient has read and understood and accepted the terms of this document and the undersigned is the Patient, the Patient's legal representative or is duly authorized by the Patient as the Patient's general agent to execute the above and accept its terms.

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