

Comprehensive Blood & Cancer Centers

A unit of "Amrishi Oncology Services Private Limited".



Your Answer For Cancer

Name: _____ Age/Sex: _____ Date: _____

CBCC No: _____ R.T. No: _____

Local Address: _____ Permanent Address: _____

Phone No: _____ Phone No: _____

Mobile: _____ Mobile: _____

E-mail: _____

Occupation: _____ Annual Income: _____

Marital Status : Single / Married

Referred by: Self Doctor Others

Referring Doctor: _____

 Name: _____

 Address: _____

 Phone No _____

 E-Mail: _____

Referred to: _____

Insurance / Industry: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Comprehensive Blood & Cancer Centers is hereby authorized to utilize my Health Information in accordance with the policy of the hospital as may be required by police, Law of State, Insurance Company and My Employer. I hereby release the hospital from all liabilities that may arise from the release of my Medical / surgical information pertaining to my treatment in this hospital or my prior medical history.

Signature of Patient / *Relative	Name	Relation
----------------------------------	------	----------

*Authorization must be signed by the legal guardian, in case of a minor or when patient physically or mentally incompetent

Subject to Raipur Jurisdiction

Receptionist Signature: