PARAMOUNT
DIRECT

11th Floor Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City 1229, Philippines
Telephone: (02) 772 9264

Name of Patient: _____

Address: _____

Below is the previous and present Clinical Records of above subject - patient.

DATES	DIAGNOSIS	TREATMENT / MEDICATION

I hereby certify that the above information are true and correct.

Physician *(Print Name)* _____

Signature of Physician _____

PTR Number _____

Name and Address of Hospital / Clinic _____

_____

(You may use the reverse side for additional information.)

A department of:

PARAMOUNT
LIFE & GENERAL
INSURANCE
CORPORATION