Paramount Life & General Insurance Corporation
11th Floor, Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City, 1229, Philippines
Telefax: 772-9264
Email: directmarketing@paramount.com.ph

Madaling Kausap.

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.)