

Patient Consultation Form

Section 1 – Patient’s information

Personal information

Family name:

First name(s):

Gender (m / f): Date of birth: ID / Passport Number:

Address

Home telephone Number: Mobile: Fax:

Personal e-Mail address:

Street:

City: Emirate: Country:

Insurance Data

Daman insurance card number:

Expiry date:

Section 2 – Medical information

Diagnosis:

Reason for the second opinion (please detail the question(s) that you would like to have answered through this consultation):

.....
.....
.....

Please advise the name of any doctors/specialists you have visited in the last year and any investigation performed concerning the specific diagnosis you're asking the second opinion for:

Dr./Mr./Professor: Title:
Department: Hospital:
Phone: Fax:
E-mail:
Tests performed:

Dr./Mr./Professor: Title:
Department: Hospital:
Phone: Fax:
E-mail:
Tests performed:

Dr./Mr./Professor: Title:
Department: Hospital:
Phone: Fax:
E-mail:
Tests performed:

Section 3 – Consent and Limits of Utilization and Liability of this Service

- The patient or in his/her place the person requesting the service, give their express consent for their personal information to form part of an automated file with the objective of delivering the medical Services requested.

- VIPmed almeda will keep a copy of the report in a secure and confidential manner, in order to be able to access it in the event of loss, or for any purpose relevant to the patient's case.
- The patient and/or the person requesting the second medical opinion expressly authorize(s) VIPmed almeda and Daman to give or exchange any information strictly necessary to deliver said services.
- The final report will be subject to the accuracy of the information provided to VIPmed almeda and Daman. The objective of the report is to compliment the information that the patient has received about his/her pathology and is in no way intended to provide a medical diagnosis or therapeutic recommendations on its own. Daman and VIPmed almeda recommend that the final report shall be shared with the patient's attending physician.
- The patient and/or the person requesting the service will absolve VIPmed almeda and Daman of any liability for the decisions made by the patient based on the opinions of the specialists consulted by VIPmed almeda, expressly agreeing that he/she is solely responsible for said decisions.
- The patient and/or the person acting in his/her name agree and accept that VIPmed almeda and Daman do not assume any responsibility for the opinions of the specialists consulted by VIPmed almeda.

VIPmed almeda

VIPmed almeda and Daman will not accept or receive any information from patients below 18 years of age if the person applying for the service does not have express and legally binding authorization from the patient.

In any event, if the person requesting the service is not the patient, he/she expressly declares that the patient has been duly informed about the request to Daman and VIPmed almeda for the second opinion consultation.

Patient's signature:

Signature of person requesting the service:

Customer request date: