

CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
286 Blumentritt St., Sta. Cruz, Manila

AVAILMENT APPLICATION FOR EMPLOYEES OR DEPENDENTS

Date _____

Name of Patient _____ Dept./Section _____
Employee _____ Date Hired _____ Dependent _____

If dependent:

Name of employee _____ Payroll No. _____

Name of dependent _____ Birthdate _____

Spouse _____ Child _____ Parent _____

Sibling below 21 years of age _____

Recommending availment of
medical benefits:

Note: Effective only for seven (7)
days from date of approval

ATTY. GLECY MENDOZA
VP-Human Resource Management

To be filled out by Senior Resident or Medical Consultant:

Complaints of patient

Diagnosis: _____

Detail of necessary Hospital procedures, examinations & treatment:

Confinement: _____ Confinement period: _____

Operation: _____

X-Ray tests: _____

Laboratory tests: _____

Drugs & Medicines: _____

Other procedures & examinations: _____

Certified true & correct:

CGH Senior Resident/
Medical Consultant

APPROVED BY:

DR. FEDERICO L. CHAN HUAN