



# ACKNOWLEDGEMENT OF RECEIPT

Date : \_\_\_\_\_

Time : \_\_\_\_\_

The copy / copies of documents listed below :

- Discharge Summary
- Laboratory Results (Please specify) \_\_\_\_\_
- Imaging Results (Please specify) \_\_\_\_\_
- Medical Certificate
- Medical Report / Insurance Claim
- Others (Please specify) \_\_\_\_\_

have been released to \_\_\_\_\_ or  
(Name of Patient)

\_\_\_\_\_ who is \_\_\_\_\_  
(Name of Authorized Next-of-Kin) (Relationship to Patient)

to patient by :

Name of staff : \_\_\_\_\_

Date : \_\_\_\_\_

Time : \_\_\_\_\_