


CLAIM SLIP FOR MEDICAL ASSISTANCE – ASSISTIVE MEDICAL DEVICE
(QF/MAYORS/C003/0)

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 <p>CITY GOVERNMENT OF MUNTINLUPA OFFICE OF THE MAYOR</p> <p><u>CLAIM SLIP</u></p> <p>MEDICAL ASSISTANCE - ASSISTIVE MEDICAL DEVICE</p> <p>_____</p> <p><i>(please specify)</i></p> <hr/> <p style="text-align: center;">Name of Requestor</p> <hr/> <p style="text-align: center;">Release Date</p> <hr/> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">Received by</td><td style="width: 50%; text-align: center;">Date Received</td></tr></table> <p>Note:</p> <ol style="list-style-type: none">1. For crutches, cane and walker request If device is not available at the time of request, please wait for the advise on the schedule of pick-up.2. For wheelchair request Please wait for the delivery within 5 working days. <p>Reminder:</p> <ol style="list-style-type: none">1. Bring Valid ID (1 original)2. If claimed through a Representative, bring the following: Authorization letter (1 original) Valid ID of Representative (1 original, 1 photocopy) Valid ID of Requestor (1 photocopy) <p>For follow-up of request, please call: Administrative Division of Mayor's Office Tel No. (8)862 6577 / (8)862 2525 local 135</p>		Received by	Date Received
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