

Registration No:

Patient Name:

Sex:

Date of Birth:

Department:

Electronic Medical Record/DVD(image) copy Request Form

Date of Request. _____ (mm/dd/yyyy)

◆ I, _____, hereby request access to my / the above patient's medical record(s), and its / their copy under the permission of myself and the authorization of the doctor in charge. (In case the patient is a minor, an incompetent person, or the dead, a parent or a legal agent can request access to information on behalf of the patient.)

◆ Purpose (Submission to)

- Other Hospital Insurance Company Court / Police Station Public Office
- Military Manpower Administration (MMA) Ministry of Patriots and Veterans Affairs (MPVA)
- Industrial Complex Company / School Personal Use Others ()

◆ Access to / Copy of Medical Information

<input type="checkbox"/> Outpatient/Emergency/Inpatient Record (Dep. of _____)	<input type="checkbox"/> Examination Results Reports (Dep. of _____)
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Charts.....() <input type="checkbox"/> The first Medical Record.....() <input type="checkbox"/> Progress Note(Outpatient).....() <input type="checkbox"/> Emergency Medical Center Record..() <input type="checkbox"/> Emergency Record.....() <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Discharge summary.....() <input type="checkbox"/> Admission Record.....() <input type="checkbox"/> Progress Note(Inpatient).....() <input type="checkbox"/> Operation Record.....() <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Nursing Research.....() <input type="checkbox"/> Nursing Record.....() <input type="checkbox"/> Others _____ () </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Exam Results() <input type="checkbox"/> Histopathology Report.....() <input type="checkbox"/> Radiation Report.....() <input type="checkbox"/> Laboratory Report.....() <input type="checkbox"/> Endoscopy Report.....() <input type="checkbox"/> Ultrasonography Report() <input type="checkbox"/> Pimmonary Function Report.....() <input type="checkbox"/> Electrocardiogram Report.....() <input type="checkbox"/> Electromyogram Report.....() <input type="checkbox"/> Others _____ () </div>
※ I understand that an inpatient chart could be photocopied without fully complied, and that the chart could be completed or modified later on.	
<input type="checkbox"/> Copy of Medical Imaging on DVD (Date of Exam. _____)	<input type="checkbox"/> DVD copy of Cardiovascular Center
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Image(s) of all exam.....() <input type="checkbox"/> CT () <input type="checkbox"/> Endoscopy () <input type="checkbox"/> MRI () <input type="checkbox"/> X-ray () <input type="checkbox"/> SONO () <input type="checkbox"/> PET-CT () <input type="checkbox"/> Others () </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Image(s) of all exam..() <input type="checkbox"/> EKG () <input type="checkbox"/> Echocardiogram () <input type="checkbox"/> Others () </div>

Relationship to the Patient: _____

Applicant: _____ (Signature)

* However, in case the patient only wants the "Numerical Results of the Examination," a copy may be issued without the signature of the doctor.

◆ Required Documents

- Applicant's ID Patient's ID Certificate of Resident Registration / Family Relations Consent Form
- Letter of Attorney Others ()

◆ Issued On _____ (mm/dd/yyyy)

◆ Issued by _____

