

For Office Use Only

- Copy of the petitioner's ID Card
- Copy of the patient's ID Card
- Power of Attorney
- Others.....

.....
MR Staff

McCormick Hospital

Patient's Record Request Form

Location.....

Date..... Month..... Year.....

Subject Request for Patient's Records

Attention

I,..... Tel.....

Address/Place that can be contacted

Identification Card/Legal documentNumber.....

would like to request

- Doctor's Report
- Copy of Medical Records (Please specify).....
- Others (Please specify).....

of (Patient's name).....

from (date).....to(date).....

for the purpose of

- Legal purpose
- Referral to
- Additional document for sick leave
- Additional document for Act of Legislation
- Additional document for Social Security Office
- To simply know of the treatment history from McCormick Hospital
- Additional document for claiming from Insurance (Company).....
 - In case of Accident Reclaiming Medical Fee
 - Daily Claim during the Hospital Visit
 - Chronic Disease Insurance (Please specify the disease).....
- Others (Please Specify)

Which I am related to as:.....of the patient/the deceased

I hereby understand that my action may cause damages to the hospital /doctor responsible for the information / the staff responsible for my inquiry. If any damages occurred from my action, I will be responsible and am willing to give the authorization to the victim to use this as the evidence for further action.

For your consideration

Yours Sincerely

(Name) Petitioner
(.....)