

REQUEST FOR MEDICAL RECORD COPY

ID Number :

Name :

M / F

Date of birth :



SAMSUNG MEDICAL CENTER

Purpose: _____

Section of the charts that need to be copied:

OUTPATIENT CHART :

- Entire Chart []
- Emergency Record []
- Progress Notes []
- Biopsy Report []
- Laboratory Report []
- Radiology []
- Other Test Results []

INPATIENT CHART:

- Entire Chart []
- Admission/Discharge sheets ... []
- Discharge Summary []
- Surgical Record []
- Biopsy Report []
- Laboratory Report []
- Other Test Results []

I _____ hereby ask for permission to have my/ (the following patient's) medical record copied.

Signature of patient: _____
(or guardian)

Name of Doctor: _____

Date: _____