



POWER OF ATTORNEY: MEDICAL RECORD READING AND COPY

Delegated person	Name	Contact number
	Date of Birth (Alien registration number)	Relationship to patient
	address	

Patient	Name	Contact number
	Date of Birth (Alien registration number)	
	address	

I (the patient) hereby authorize the release of medical record reading and copy to the above delegated person according to the medical law in article 21, section 2 and the same law of enforcement regulation in article 13, section2.

Date (yyyy/mm/dd) _____

Patient's name _____

Signature _____