

ID number: _____

Name: _____

Purpose: other hospital military related organization personal use overseas insurance other

Number of copies: ()

Applicant: _____	Relationship to patient: _____	contact number: _____
Attending physician (for psychiatry only): _____		(signature)

Required documents: related law ▶ medical law in article 21 enforcement regulation in article 13, section2 (enforced on 2010.01.31)

- Patient..... ID card with photo (passport)
 - Designated agent..... ①patient's ID ②applicant's ID ③ power of attorney signed by the patient
④ consent form signed by the patient
- ※ Stamp or finger print on letter of attorney & consent form is not effective (the patient's signature is mandatory)

Section of the charts that need to be copied

OUTPATIENT CHART (Department: _____) Initial progress notes.....[_____] Progress notes.....[_____] Emergency record.....[_____] Biopsy report.....[_____] Laboratory report.....[_____] (blood,urine...) Radiology report.....[_____] (CT,MRI,X-RAY,Ultrasonography.) Other test results.....[_____] (EKG,Endoscopy,PET...) Other treatment record.....[_____] (CAG,Medical progress summary,Radiotherapy record...) Etc.....[_____] (Other hospital record, medical referral...)	INPATIENT CHART (Date of discharge: _____) Discharge summary.....[_____] Surgical record.....[_____] Admission • progress record.....[_____] Biopsy report.....[_____] Laboratory report.....[_____] (blood,urine...) Radiology report.....[_____] (CT,MRI,X-RAY,Ultrasonography.) Other test results.....[_____] (EKG,Endoscopy,PET...) Other treatment record.....[_____] (CAG, medical progress summary...) Etc.....[_____] (Nursing information,Nursing record,Doctor's prescription...)
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I/the above patient hereby ask for permission to have my medical record copies to the applicant.

I hereby confirm that the information above is signed by the patient himself/herself

(Medical law in article 21 enforcement regulation in article 13, section2-④)

Department _____ **signature of confirmer:** _____

※ If the patient is not able to make consent/power of attorney, tick below box by attending physician

This patient is not able to sign due to below reason (medical law in article 21 enforcement regulation in article 13, section2-③)

Unconsciousness severe disease or injury devoid of mental capacity

Department _____ **signature of confirmer** _____