Puli Veteran Hospital,VAC,Executive Yuan

Application form for medical record copy

<table>
<tr><td>Patient's name</td><td></td><td>Signature Or seal</td><td></td><td>Birthday (Y/M/D)</td><td></td><td>ID No.</td><td></td></tr>
<tr><td>Address</td><td colspan="3"></td><td>TEL</td><td></td><td>Record No.</td><td></td></tr>
<tr><td colspan="8">To Medical record section, Date: _____________(Y/M/D)

I need _______ (no. of copy) copy/copies of medical record (summary, laboratory result/s of __________) from the period of _____ (year) _______ (month) ______ (day) to _____ (year) _______(month) ______(day) for ___________________________ (application purpose/s).</td></tr>
<tr><td colspan="8">* If applicant is patient's lineal relative, spouse or if patient is a minority, please fill up the following additional information.</td></tr>
<tr><td>Proxy's name</td><td></td><td>Signature Or seal</td><td></td><td>ID No.</td><td></td><td>Relationship with patient</td><td></td></tr>
<tr><td>Address</td><td colspan="4"></td><td>TEL</td><td colspan="2"></td></tr>
<tr><td colspan="8">* If applicant cannot receive it personally, please fill up the information below.</td></tr>
<tr><td>Receiver</td><td></td><td>ID No.</td><td colspan="2"></td><td>Relationship with applicant</td><td colspan="2"></td></tr>
</table>

Receipt

A total of ______ copy/copies medical record described above were received.

Received By : ____________Signature (Seal) Date:_____ /_____/____ (Y/M/D)