

病歷副本申請表

MEDICAL RECORDS REQUEST FORM

病人資料 Information of Patient

姓名 Name: _____ 性別 Sex: _____ 年齡 Age: _____ 病歷號 Record No.: _____
證件類別 ID Type: 身份證 BIR 護照 Passport 其他 Other: _____ 證件號碼 ID No.: _____
地址 Address: _____ 聯絡電話 Tel.No.: _____

申請者類別 Type of Applicant (請在合適的 內勾選 Please tick in the box as appropriate):

- 病人本人 Patient (年滿十八歲 Aged 18 or above)
- 為病人以下代表人 Representative of Patient:
 - 未成年者的父母或其他監護人 Parent / Guardian of the minor
 - 意識障礙或無行為能力病人之獲授權人士 Authorized person of patient with disturbance of consciousness or no capacity
 - 往生者之法定繼承人 Legal heir of the deceased

申請者資料 Information of Applicant

(如病人為申請人則此項不需填寫 To be completed if the applicant is a person other than the patient)

姓名 Name: _____ 性別 Sex: _____ 年齡 Age: _____ 與病人關係 Relationship with patient: _____
證件類別 ID Type: 身份證 BIR 護照 Passport 其他 Other: _____ 證件號碼 ID No.: _____
地址 Address: _____ 聯絡電話 Tel.No.: _____

受委託人資料 Information of Authorized Third Person

姓名 Name: _____ 性別 Sex: _____ 年齡 Age: _____ 與申請者關係 Relationship with applicant: _____
證件類別 ID Type: 身份證 BIR 護照 Passport 其他 Other: _____ 證件號碼 ID No.: _____
地址 Address: _____ 聯絡電話 Tel.No.: _____

申請用途

Purpose of Application

- 院外參考 As Reference for follow-up 醫療訴訟 Medical Litigation
 申請社會福利 Application for social welfare 其他 Others: _____

申請內容 Nature of Request

申請期間 Request Period

- | 申請內容 Nature of Request | 申請期間 Request Period |
|---|---------------------|
| <input type="checkbox"/> 檢驗檢查報告 Reports of tests / exams | |
| <input type="checkbox"/> 手術記錄副本 Duplicate surgical record | |
| <input type="checkbox"/> 出院小結副本 Duplicate discharge summary | |
| <input type="checkbox"/> 住院全部記錄副本 Duplicate all admission records | |
| <input type="checkbox"/> 門急診病歷副本 Duplicate OPD / A&E records | |
| <input type="checkbox"/> 其他副本 Other copies: | |

詳細需求 Request Details :

本人簽署同意鏡湖醫院釋出以上指定之病歷資料予申請者/有關人仕。I consent to release the above described medical information to the applicant / concerned authority.

病人/申請者簽署 Patient / Applicant's Signature: _____ 日期 Date: _____

受委託人(如有)簽署 Authorized Person's Signature (if any): _____ 日期 Date: _____

*病歷資料申請需出示病人、申請者及委託人之有效身份證明文件正本及附上副本 * Please produce the original and provide the copy(s) of Identity Document of the Patient, Applicant and Authorized Third Person for application.

*僅提供 10 年內病歷副本 *We only provide the duplicate medical records within 10 years

本院保留最終解釋權 Kiang Wu Hospital reserves the right of final interpretation