申請病歷資料委託書

Taichung Armed Forces General Hospital

Authorization Letter for Medical Record Application

Name: (Authorizer)_____ID. No.:_____

Date of birth:_____Contact number:_____Sex: □Male □Female

Due to □work □travelling abroad □long distance □being a minor □other reason: _____

I cannot visit the hospital for the application or collection

□ I hereby authorize (Mr./Ms.) _____ to apply for the documents requested from your hospital on my behalf.

Document(s) requested:

□Copy of medical records □Chinese summary of medical records □Diagnosis certificate □Birth certificate □Death certificate

Use of document(s) requested:

□Referral □Insurance □Travelling abroad □Litigation □Subsidy application □Reference

I hereby authorize the designated person to apply for the document(s) above on my behalf from your hospital. Scope of application:_____

Sincerely Taichung Armed Forces General Hospital

Signature/seal of the authorized:_____ID No.:_____

Contact number:_____Relationship:_____

Authorizer ID No. Authorized ID No.

Front-side photocopy Front-side photocopy

Authorizer ID No. Authorized ID No.

Back-side photocopy Back-side photocopy

Applied on: MM DD YYYY

Reviewed and approved by the Medical Records Management Committee on April 21, 2015 Note: For applications of outpatient, emergency, and inpatient medical records, and Chinese/English medical record summaries, the doctor's signature and seal are required.