申請病歷影印取件憑證

Collection Certificate for

Medical Record Copy Application

_____Mr.(Ms.)_____, on ____(MM)____(DD)____(YYYY) at ____(hh), applied for a copy of medical records of patient _____ at the Comprehensive Service Window.

Please come to the Comprehensive Service Window on ____(MM)____(DD)____(YYYY) at ____(hh) to pick up your copy.

Collection Hours: Monday to Friday (excluding public holidays and hospital-announced holidays):

Morning: 8:00 AM - 12:00 PM Afternoon: 1:30 PM - 5:00 PM

Respectfully, Taichung Armed Forces General Hospital

Notes: 1. The hospital will not provide any further notice. Kindly comply and we apologize for any inconvenience.

2. Please keep this certificate; only the applicant or the concerned party may pick up the copies.

3. If the copies are not collected within 3 months from the specified collection date, it will be considered as a waiver of the application.

Recipient's Signature:_____ Relationship: _____MM _____DD_____YYYY

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