Request for Copy of Medical Records



Registration No.		Department		Ward		
Patient Name		Date of Birth				
Present to: □ Hospital □ Insurance Company □ Court □ Police station □ Company/School □ Personal keeping □ Others ()						
I apply the copy of medical report of above patient under agreement of patient him/herself and attending physician.						
[Applying Items]						
Out-patient	Records	▶ In-patient Records				
□ All records		□ All rec	□ All records			
□ Medical re	cord	□ Hospit	☐ Hospitalization/Discharge summary			
□ Initial r	record Progress record	□ Discharge summary				
□ Biopsy		☐ Hospitalization record				
□ Clinical lab	poratory	□ Progress record				
☐ Results of Radiology (imaging)		□ Operation record				
□ MRI □ CT □ X-ray		□ Nursing record				
□ Ultrasonography □ BMD		□ Nursing informative survey				
□ Others		□ Biopsy				
□ Others		□ Clinical laboratory				
			s of Radiology (i	O O		
				□ X-ra	·	
CD (1.1.1.1		rasonography	□ BM	D	
□CD copy (w	whole radiology tests)	□ Others				
		□ Others				
Date: dd / mm / yy						
[Applicant's Name]		[Signat	[Signature]			
[Relationship t	o Patient】	[Contact No.]				
[Name of Atten	nding Physician's]	[Signa	[Signature]			

Wooridul Spine Hospital

Confirm