阮綜合醫療社團法人阮綜合醫院

Yuan's General Hospital

申請病歷資料複製本/診斷書委託書

Authorization Letter for Medical Record Release

本人（或法定代理人）_____因無法親自到貴院申請病歷資料複製本/診斷書，特委託_____代為向貴院申辦，僅此聲明本次申請/委託申請屬實，爾後如有不實作為而衍生之違法情事或作為他用，本人願負完全法律責任，絕無異議，另委託人暨受委託人同意留存身分證明文件影本為憑。

To whom it may concern,

Due to my being unable to visit Hospital in person, I, _____, (*your name*) hereby authorize _____ (*name of representative*) to request a copy of my medical record. I agree my and my representative's copied IDs to be retained. Please release my medical records related to treatment for _____ (*medical conditions*) from _____ / ___ / ___ (*yyyy/mm/dd*) through _____ / ___ / ___ (*yyyy/mm/dd*).

申請資料類別 (Information Requested)：

□出院病歷摘要 Discharge Summary □門診病歷 Records of Outpatient Clinic □急診病歷 Records of Emergency department □影像光碟片 Radiology Report (X-ray, MRI, CT) □檢驗、檢查報告 Lab Report (blood, urine, stool test, etc.)

□其他 Other Reports：_____

查詢疾病名稱：_____

Name of diseases: _____

申請診斷書：_____

Certificate of diagnosis: _____

委託人簽章/日期：_____/_____

受託人簽章/日期：_____/_____

Signature of Patient: _____

Date: _____ / _____ / _____ (*yyyy/mm/dd*)

Signature of Patient's Representative: _____

Date: _____ / ___ / ___ (*yyyy/mm/dd*)

承辦人員：_____ 申請日期：_____

Signature of photocopy/auditing personnel: _____

Request Date: _____ / ____ / ____ (*yyyy/mm/dd*)

身分證正、反面影本請黏貼於背面 Please glue the front and back of your ID onto the spaces provided on the last page

委託人身分證影本 正面 A Copy of Patient's ID Front	委託人身分證影本 反面 A Copy of Patient's ID Back
受委託人身分證影本 正面 A Copy of Patient Representative's ID Front	受委託人身分證影本 反面 A Copy of Patient Representative's ID Back