

Consent for reading and Copies of Medical Records

진료기록 열람 및 사본발급 동의서

Patient	Name		Contact Number	
	Foreign Registration Number			
	Address			
Applicant	Name		Relationship to Patient	
	Foreign Registration Number		Contact Number	
	Address			
Scope of reading and copies	Name of medical institution			
	Period of medical treatment			
	Reason of Issue			
	Issue range (The patient should complete this by themselves)			
	Example) Copy of chart, prescription, operation note and examination contents. And radiograph (Including CD), copy of nursing chart, premature birth chart, diagnosis paper and death certificate.			

I, as the patient (or a legal representative of the patient), hereby request that any of my medical records and related information pertaining to my treatment should be released to the above applicant () in accordance with Clause 3 of Article 21 of the Medical Service Act and Article 13-3 of the Enforcement Rules of the same Act.

Date 20__ / __ / __ (yyyy/mm/dd)

Patient(or legal representative) (Signature)

Note : If the patient is under age 14, his/her legal representative shall sign this form.