

Request for access to medical records and/or for making copies

Details of the person concerned	
Name (maiden name)	
Place and date of birth	
Mother's maiden name	
Address	
TAJ insurance number	
Phone number/ E-mail address	

Attending specialist	
Name	
Date and time of care	

Applicant (if it is not the concerned person)	
Name (maiden name)	
Place and date of birth	
Mother's maiden name	
ID document type and number	
Legal basis	Legal guardian/ authorized representative
Proof of legal basis	
Phone number/ E-mail address	

Method of access	Access to medical record	Making copy
Full medical documentation	<input type="checkbox"/>	<input type="checkbox"/>
Discharge summary	<input type="checkbox"/>	<input type="checkbox"/>
X-ray picture	<input type="checkbox"/>	<input type="checkbox"/>
Specified document		
Format	photocopy (paper-based)/ electronic copy	

Method of data transfer	Via postal service or personal collection
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Remark:

Date:.....

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Signature