

# 高禾醫院病歷複製及診斷書申請單

Kao-Ho Hospital Application form for copy of medical records and diagnosis

申請日期：  
Date of Application

病歷號碼：  
Medical record number

個案姓名：  
Case name

出生年月日：  
Date of Birth

身分證字號：  
Passport No.(or ID card)

申請用途：請假/保險  
Application purpose take a leave/Apply for insurance

連絡方式：自取/寄送  
contact method Pick up/ send

護理師/健管師簽名：  
Nurse/ Health manager signature

郵寄地址：  
Postal address

## 申請內容 Application Contents

申請項目 Application Project	日期區間 Date interval	份數 quantity	申請項目 Application Project	日期區間 Date interval	份數 quantity
<input type="checkbox"/> 門診記錄 Outpatient records			<input type="checkbox"/> 檢查報告 inspection report		
<input type="checkbox"/> 檢驗報告 Inspection Report			<input type="checkbox"/> 病理報告 Pathological report		
<input type="checkbox"/> 出院病摘 Discharge summary			<input type="checkbox"/> 護理記錄 Nursing records		
<input type="checkbox"/> 診 斷 書 Diagnosis		正本: original	<input type="checkbox"/> 健檢報告 Medical examination Report		
		副本: duplicate			
<input type="checkbox"/> 其他項目 Other items					

## 委託書(申請病歷複製及診斷書)

Power of attorney (application for copy of medical records and diagnosis certificate)

本人因不克親臨貴院申請病歷複製及診斷書，特委託\_\_\_\_\_君  
前往辦理事宜並同意檢附本人及受託人身分證正、反面影本供留存，  
申請內容為(填寫申請項目、日期區間)

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I am unable to come to your hospital in person to apply for copies of medical records and diagnosis certificates.

I have specially entrusted Mr./ Ms. \_\_\_\_\_ to handle the matter and agree to submit the front and back copies of mine and the trustee's ID cards for retention. The application content is (fill in the items and date interval)

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此致 高禾醫院

委託人簽章\_\_\_\_\_  
Signature of principal Signature

日期\_\_\_\_\_  
Date

受託人簽章\_\_\_\_\_  
Signature of trustee Signature

日期\_\_\_\_\_  
Date

病歷室簽章

收件日：

人員：