Application for Disclosure of Medical Records

To Director of Japanese Red Cross Narita Hospital

I hereby apply for the disclosure of medical records as described below.

Date: / / / (Year/ Month/ Day)

Applicant Name

Signature

Patient Information			
Name		Hospital ID	
Date of Birth	/ / / (Year Month Day)		
Address	Post code: ―		
Phone	― ―		
Email			

Disclosure Information	
Category	☐Inpatient ☐Outpatient
Time Period	
Department	
Disclosure Information	☐Medical Record ☐Image Data ☐Examination Record ☐Others ( )
The way to receive	☐Receive at the hospital ☐Receive by mail to the applicant's address
Remarks	

*If the applicant is other than the patient, please attach the “Letter of Proxy for Disclosure of Medical Record” form.

Applicant Information			
Name		Relationship with patient	
Address	Post code: ―		
Phone	― ―		
Email			
Reasons for proxy application			

Revised.Jun.2024