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**APPLICATION AND RECORD OF ACQUISITION OF COPY OF MEDICAL DOCUMENTATION,
LOAN OF X-RAY DOCUMENTATION AND ACQUISITION OF CD CARRIER**

PATIENT

Surname and name, title: _____ ID No. _____

Contact (phone, e-mail, address): _____

I consent to the provision of my personal ID number to the person below.

APPLICANT – PERSON DESIGNATED BY PATIENT (fill in if requested by a person other than the patient himself)

Surname and name, title: _____ date of birth: _____

Relationship with patient: _____ Identity card/passport number: _____

Contact (phone, e-mail, address): _____


I hereby request

- making** a copy of medical records
- loan** of X-ray documentation/
- acquisition** of X-ray documentation on CD

(if more space is needed, use the other side of the form)

from hospitalisation – period (state at least month and year), at the clinic/ward, specifically the following documents (state the name, date, or period from – to; e.g., the result of the CT examination, January 2019 or the entire file, January 2019):

from outpatient treatment – period (state at least month and year), at the clinic/ward, these are specifically the following documents (state the name, date, or period from – to; e.g., the result of the CT examination, January 2019 or the entire file, January 2019):

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other:

I declare that I undertake to pay the costs for obtaining the required copies according to the price list of Thomayer University Hospital.

I am aware that copying will not begin until payment is made.

Date: Patient's signature:

Date: Signature of applicant (designated person):
(if not requested by the patient himself)

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TO BE COMPLETED BY A TUH EMPLOYEE

The patient's consent to the acquisition of copies of medical/X-ray documentation/CDs by the above person was verified by _____

how: with the patient's consent to the provision of health condition information

otherwise _____

Date: _____ Signature _____

COPY MADE BY:

Surname and name, title: _____

The following copies have been forwarded/sent:

NAME

NUMBER OF PAGES/IMAGES/CDs

Handover date: _____

Handed over by: _____ Received by _____

surname, first name, signature

(patient or applicant)

surname, first name, signature