

## Authorization to View Medical Records and Issue Copies

Appointee	Name	Contact Information
	Date of Birth (Alien Registration Number)	Relationship with the Appointer
	Address	
Appointer	Name	Contact Information
	Date of Birth (Alien Registration Number)	
	Address	

The appointer authorizes the appointee mentioned above to submit an application for the content written in [Agreement to View Medical Records and Issue Copies] in accordance with Article 21, Paragraph 2 of the Medical Service Act and Article 13, Paragraph 2 of the Enforcement Decree of the same Act.

Date \_\_\_\_\_

Patient (or legal representative) \_\_\_\_\_ Sign here \_\_\_\_\_

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