

Ton-Yen General Hospital

Medical Diagnosis Record Request Form

Reminder : If your application is not picked up within one month, it will be cancelled. Please reapply if needed.

*** Required Information**

Medical record number :

* Purpose of Request:	<input type="checkbox"/> Referral <input type="checkbox"/> Personal Reference <input type="checkbox"/> Insurance	*Application Date (mm/dd/yy)	
	<input type="checkbox"/> Military service <input type="checkbox"/> Serious Injury Application <input type="checkbox"/> Sick leave <input type="checkbox"/> Legal use <input type="checkbox"/> Postmortem (Date of death : _____)(mm/dd/yy) <input type="checkbox"/> Other : _____	*Application Time	
*Patient Name	* ID Number	*Contact number	
Name of the authorized agent	ID Number	Relationship with patients	
Signature of recipient	Date of receipt	*Notification method	<input type="checkbox"/> SMS <input type="checkbox"/> Phone Calls
		*Collection method	<input type="checkbox"/> Self-pickup <input type="checkbox"/> mailing (postage : 50 NTD)

Application process: Applicants → Medical Affairs Section → Medical Records Section → Payment at the pricing desk → Digital file archive

Important Notes *If someone else is applying for you, please prepare the following documents and complete the authorization form.*

Eligibility and relevant supporting documents	Applying in person	<input type="checkbox"/> Original ID card
	By authorized agent	<input type="checkbox"/> Original ID card of the patient <input type="checkbox"/> Original ID card of the authorized agent <input type="checkbox"/> Letter of entrustment and consent (Both parties need to sign or stamp)
	By a minor (persons under 18)	※ 「 legal representative 」 Apply : <input type="checkbox"/> Original ID card of the legal representative <input type="checkbox"/> Original ID card or copy of Household Certificate of the patient/ Household Registration Transcript issued within three months ※Application by authorized agent (Application must be approved by a "legal representative".) : <input type="checkbox"/> Original ID card of the legal representative <input type="checkbox"/> The original ID card or Household Certificate of the patient (Applicants under 18 need only submit a Household Certificate as proof of residency.) <input type="checkbox"/> Authorization letter from the legal representative (both parties must sign or stamp) <input type="checkbox"/> Original ID card of the authorized agent
	Request for a deceased individual	◎ If the application is made by an agent, the above-mentioned documents, the authorization letter, and the original ID of the agent are required.◎ <input type="checkbox"/> The original ID card of the heir <input type="checkbox"/> Documents proving the relationship with the patient <input type="checkbox"/> Death Registration Certificate (Household Certificate or Death Certificate). If there are special circumstances, please provide additional information. °

Place to paste the photocopy of the certificate

Letter of Authorization

I _____ (Am the patient or the legal representative of a minor patient) and cannot apply in person. I hereby authorize _____ (Mr./ Ms.) to act on my behalf regarding this application. I acknowledge full responsibility for this agent's actions.

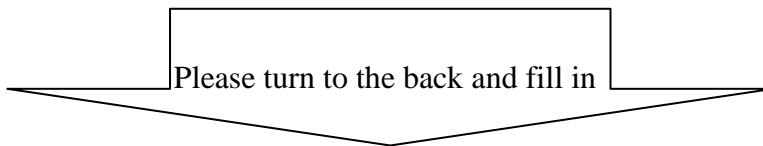
Please find attached original ID cards of mine and my authorized agent for verification.

Patient/Legal Representative's Signature: _____

Authorization date(mm/dd/yy) : _____

Authorized Agent's Signature: _____

Note: According to Article 63 and 64 of the Medical Care Act : If the patient is unable to sign or is a minor (under 18), his/her legal representative, spouse, relative or related person may sign and provide an explanation.



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Medical record number :

Application Item		Application period(mm/dd/yy)	Number of copies	Amount	Pickup Time
1. Video CD	<input type="checkbox"/> X-ray imaging	<input type="checkbox"/> One piece <input type="checkbox"/> More than two _____			1. You can pick up your documents on the same day within the "acceptance hours". 2. If the number of pages of medical records required is too large, you will need to pick them up another day.
	<input type="checkbox"/> Computed Tomography image				
	<input type="checkbox"/> Magnetic resonance imaging				
	<input type="checkbox"/> Other _____				
2. Copy of inspection report	1. Microscopic examination report <input type="checkbox"/> Gastroscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Other _____		Number of copies	Number of sheets	
	2. Pathology slide report				
	3. X-ray 、 CT 、 MRI report				
	4. Ultrasound report				
	5. Blood and urine tests 、 PCR report				
	6. Hearing test report				
	7. Electrocardiogram (Including 24-hour ECG and exercise ECG)				
	8. Other :				
3. Copy of medical certificate	Copy of Type B medical certificate <input type="checkbox"/> Outpatient Depart <input type="checkbox"/> Emergency Department <input type="checkbox"/> Inpatient Department				
	Copy of death certificate				
4. Discharge medical record summary					
5. Emergency	<input type="checkbox"/> Emergency medical records				3~7working days (Excluding the application day and national holidays)
	<input type="checkbox"/> Copy of Type B medical certificate (Newly opened) <input type="checkbox"/> Special diagnosis certificate				
6. Copy of outpatient medical records					
7. Surgical record					
8. Neonatal care record					
9. Other :					Depending on the item applied
10. Application Notes :					
11. Notice : (1) Applicants please fill in the form in detail. If you are unable to confirm the photocopied content and need to issue an outpatient diagnosis certificate for the first time, please register to see the attending physician for application. (2) If the original certificate has problems and needs to be modified, it will take 3-7 working days (excluding the acceptance days and national holidays). (3) Charges : 3.1 Paper medical record content: administrative processing fee is NT\$200 per time (within 10 sheets), and an additional NT\$5 will be charged for each additional sheet. Color photocopy (reports or images) NT\$50 /sheet. 3.2 Video CD: Price is calculated based on the number of copies, NT\$200 for a single copy, NT\$400 for two or more copies; an additional NT\$100 for more than one CD. The cost of copying the cardiac catheterization laboratory examination report CD is NT\$300. 3.3 Emergency diagnosis certificate: registration fee NT\$100; Type B diagnosis certificate NT\$100 (first certificate)/ NT\$50 (second and subsequent certificates). 3.4 Copy fee for diagnosis report: NT\$50 /sheet; Copy fee for death certificate: NT\$200 /sheet. (4) If you choose to send by mail: administrative processing fee of NT\$200/per time and mailing fee of NT\$50, plus 20 medical record copying fees, a total of NT\$350. (5) If you have any questions, please contact our billing counter at 03-5527000, ext. 1115 or 1119. (6) Application hours: Monday to Friday (8:00~17:00) Applications that submitted during national holidays will be processed on working days.					
Doctor's signature		Receiving unit	<input type="checkbox"/> Outpatient Department <input type="checkbox"/> Emergency Department <input type="checkbox"/> Inpatient Department	Receiving staff	Sender
Responsible authority	Manager	Total of sheets		Notes	
	Verifying supervisor				