

## Authorization Letter On Medical Record Copy Application

I am \_\_\_\_\_ because of \_\_\_\_\_ Therefore agree to  
appoint \_\_\_\_\_ (Relationship : \_\_\_\_\_ ) , to apply my medical  
record copy form Far Eastern MH , Please provide me the medical record form  
\_\_\_\_\_ year \_\_\_\_\_ month to \_\_\_\_\_ year \_\_\_\_\_ month , (As indicated on the application  
form)

Patients Name( or Official Authorization Authorized Person) :

\_\_\_\_\_ (Signature)

Authorized Persons Signature : \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Authorizing Date : \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day

ID copy Attachment(submit patients , APs ID)