■Enforcement Decree of the Medical Service Act [Addenda 9-2]<Revised on September 27, 2018>>

Agreement to View Medical Records and Issue

Patient	Name	Contact Information
	Date of Birth	
	Address	
Applicant	Name	Relationship with Patient
	Date of Birth	Contact Information
	Address	
Range of Browsing andcopying the Issuance	Name of Medical Institution	
	Period of Treatment	
	Reason for Issuance	
	Degree of Issuance (to be written by the patient)	
	Ex) Copy of following documents; medical record, prescription, surgical record, copy of examination and examination findings, radiograph (including image), nursing record, copy of premature birth record, diagnosis, death certificate or body examination, etc.	

I, the patient (or legal representative), agree that the applicant ( ) mentioned above may browse or obtain a copy of my medical records in accordance with Article 21, Paragraph 3 of the Medical Service Act and Article 13, Paragraph 3 of the enforcement decree of the same act.

Date _____

Patient (or legal representative)_____Sign here_____

※ Note: If the patient is under 14 years of age, the legal representative will fill out the form.

210mm×297mm[백상지 80g/㎡(재활용품)]