



Application to:

inspect

copy

**Application to inspect Medical records / for a copy of own medical records**

**Attention:** *Is your copy meant for use by another doctor or a second opinion, please authorize that doctor to claim your medical records. Usually this is a faster procedure.*

**Patient details:**

Name and initials patient:..... M / F

Hospital patient number: .....

Date of birth: .....

Address: .....

Zip code and town / city:.....

Telephone number: .....

Email:.....

Reason for application (not mandatory): .....

**If you request the file as an authorized representative, please also complete the section at the back of this form.**

The patient requests the following records:  
 tick the box, ♦ mandatory

**A: Copy** of x-rays / CT-scan / MRI,  
 Body part(s) ♦: .....

Location ♦: ..... Period during which treatment took place ♦ .....

**B: Copy** of laboratory results

Location ♦: ..... Period during which treatment took place ♦ .....

**C: Copy** of medical records

Specialism ♦: .....

Location ♦: ..... Period during which treatment took place ♦ .....

**D : Copy** of Nursing Ward records

Specialism ♦: .....

Location ♦: ..... Period during which treatment took place ♦ .....

**N.B. standard you receive your specialist's letter which was sent to your general practitioner, in which an overview is included of the specialist findings during your treatment.**

Please specify required data.....

Date:  
 .....

Signature patient:  
 .....

*\* When appropriate:*

Signature applicant  
 .....

Signature parent 1:  
 .....

Signature parent 2:  
 .....

*Fill out this part: When you have been appointed as an authorized representative.*

*With signing this form the patient gives permission to the applicant to request his medical records.*

**Details applicant:**

Name and initials:

M / F

Address:

Postal code and town / city:

Telephone number:

Date of birth:

Relation to patient:

Reason for application:

Proof of identity:

Type of document:

(add copy)

Number:

Your request will be dealt with within four weeks. You will receive a pick up request from the 'Patiënten Service Bureau' (Patient Service Office). If you wish to receive your medical records from several specialisms, please be self-aware if your medical record is complete by pick-up. When you do have any medical questions, please contact your medical secretary.

You can drop your completed application at the 'Patiënten Service Bureau' or send to:

**Franciscus Gasthuis**

Attn. Patiënten Service Bureau

Postbus 10900

3004 BA Rotterdam

Or email to:

[psbgh@franciscus.nl](mailto:psbgh@franciscus.nl)

**Franciscus Vlietland**

Attn. Patiënten Service Bureau

Postbus 215

3100 AE Schiedam

Or email to:

[psb@franciscus.nl](mailto:psb@franciscus.nl)