



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 patientnumber:

Date of birth:

Address:

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

Telephone number:

Email:.....

Reason for application (not mandatory):

When the applicant is not the patient who's medical records are requested, please fill out the other side 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

Name of doctor responsible for treatment :

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. If you wish to receive more details, please specify this on the next page:



Required data

Date: Signature patient:

.....

** When appropriate:*
Signature applicant

Signature parent 1:

Signature parent 2:

.....

Fill out this part when the applicant is not the patient mentioned on the other side of this form. 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 'Patienten 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

Franciscus Vlietland
Attn. Patiënten Service Bureau
Postbus 215
3100 AE Schiedam

Or email to:
psb@franciscus.nl