Authorization for Disclosure or Copies of Medical Records

진료기록 열람 및 사본발급 위임장

Delegated Person	Name		Contact Number	
	Foreign Registration Number		Relationship to Delegating Person	
	Address			
Delegating Person (Patient)	Name		Contact Number	
	Foreign Registration Number			
	Address			

I grant all authority to the above delegated person to obtain medical records in such manner as stated in the「Consent for disclosure or copies of medical records」, in accordance with Clause 2 of Article 21 of the「Medical Service Act」and Article 13-3 of the Enforcement Rules of the same Act.

Date 20__ / __ / __ (yyyy/mm/dd)

Delegating Person (Signature)