臺安醫院

病歷記錄/檢查報告申請書
Medical Record/Exam Report Application Form

姓名:	出生日期:西元　　年　月　日 病歷號碼:

申請日期 Requested Date：西元_____年 year _____月 month _____日 day　　經辦人：_____

本人因☐轉診 ☐出國/移民 ☐保險核保/理賠 ☐補助 ☐訴訟 ☐其他因素：_____需要病歷記錄/檢查報告單共_____份

I personally need _____ copies of my medical record/exam report(s). For the purpose of_____.

申請內容 Application content		期間 period
一、檢查報告 Exam Report	☐1.檢驗報告 Laboratory Report	
	☐2.病理組織或切片報告 Pathological Tissue or Section Report	
	☐3.影像報告(X 光、電腦斷層、核磁共振)Image Report：(X-Ray、Computerized Tomography(CT) Magnetic Resonance Imaging(MRI))	
	☐4.超音波報告(心臟、甲狀腺、乳房、腹部、腎臟、婦科) Sonography Report (Heart, Thyroid, Breast, Abdomen, Kidney, Gynecology)	
	☐5.尿路動力學 Urodynamic Examination	
	☐6.肺功能報告(呼吸器記錄、呼吸治療紀錄表 Pulmonary Function Test Report(Ventilator Record Sheet、Respiratory Therapy Record)	
	☐7.心電圖報告(運動、攜帶式)Electrocardiography Report(Treadmill Exercise Test、Portable Electrocardiograph)	
	☐8.神經生理學檢查(腦波、肌電圖) Neurophysiological Examination(Electroencephalography、Electromyogram)	
	☐9.內視鏡報告(胃鏡、腸鏡、膀胱鏡) Endoscopy Report(Gastroscopy, Colonoscopy, Cystoscopy)	
	☐10.耳鼻喉科報告(聽力檢查、腦幹檢查) Otorhinolaryngology Report(Hearing Test、Brainstem Response)	
	☐11.兒發中心報告(心理、物理、職能、語言)Child Development & Rehabilitation Center Report (Psychotherapy, Physical Therapy, Occupational Therapy, Speech Therapy)	
	☐12.手術記錄 Record Of Operation	
	☐13.體檢報告(條碼、疫苗注射、體檢表) Health Checkup Report(Vaccine、health examination form)	
	☐14.其他_____ Others_____	
☐二、門診或及急診病歷記錄 Out-Patient or Emergency Departments Record		
☐三、住院病歷(出院病歷摘要、護理記錄、用藥記錄) Hospitalized Medical Records (Discharge Summary、Nursing Records, Medication Records)		
☐四、全份病歷 (取件時間：電話聯絡) All medical record, will to call to notify the pickup		
☐五、死亡證明書_____份 Death Certificates _____ copies		
☐六、診斷證明書副本_____份 Copies of the diagnosis certificate_____ copies		

備註：如申請者係未成年、患重病或未能親自領取者請代簽章於下：

Remarks：If above-mentioned patient is not of age or ill seriously and/or unable to pick up them personally, please sign your name as below：

簽章 Signed by：_____　　與患者之關係 Relationship：_____

身分證字號 Identification Number：_____　電話 Telephone Number：_____