Cichoń
COSMETIC DENTAL CENTRE

13 Borelowskiego-Lelewela St., 30-108 Krakow
Tel: 00 48 12 421 07 43, 00 48 12 294 11 00
info@cichondentalcentre.com
www.cichondentalcentre.com

MEDICAL RECORDS REQUEST FORM

1. Applicant's first name and surname: .....
   Residential address: .....
   ID / Passport / Driving licence *(underline the appropriate)*, number: .....
2. Patient's first name and surname: .....
   Residential address: .....
   ID / Passport / Driving licence *(underline the appropriate)*, number: .....
3. Purpose for which medical documentation is to be made available:
   .....
4. Type of medical documentation *(underline the appropriate)*
   copy of treatment history / extract of treatment history / X-rays /other.....
5. I apply for *(underline the appropriate)*
   - reviewing medical documentation referred to in point 4
   - collecting medical documentation referred to in point 4

   I will cover the costs of a copy of the documentation or an extract of the treatment history in accordance with the applicable price list, determined on the basis of the Patient Rights Act and the Patient Rights Ombudsman of 6 November 2008 (Journal of Laws of 2009 No. 52, item 417).
6. In the case that the medical documentation identified for copying specified in point 4 is not collected I undertake to cover the costs of the copy made.
7. The documentation mentioned in point 4 *(specify the appropriate)*
   - I will collect in person
   - please send to the address specified in point 1
   - other .....

.....
(legible signature of the applicant)

I confirm the compliance of the prepared medical documentation according to the application – no. of pages .....

.....
(employee's signature)

After checking:

- identity of the recipient of the copy / excerpt / statement of medical documentation
- proof of payment for the service performed

I confirm the issuance of the copy / excerpt / statement of medical records

.....
(date, employee's signature)

I confirm the receipt of medical records in accordance with the application

.....
(date, signature of the receiver)