



P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

Veer Savarkar Marg, Mahim (W), Mumbai - 400 016.

Medical Records Department

RELEASE OF INFORMATION REQUEST FORM (EXTERNAL)



F590

Date : ___/___/___

To The Incharge Medical Records Department P. D. Hinduja Hospital & MRC Mahim, Mumbai - 400 016	From : _____ Address : _____ Mobile# _____
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Sub: Request for Copy of Discharge Summary / Indoor Case Paper / Medical Records dtd

I Mr./Ms. _____ request you to issue the copy of medical record of the
Patient _____ with HH# _____;
Admission# _____; Discharged on _____; Consultant's
Name _____ is required for _____ (specify reason).
Handover the copy to Mr. / Ms. _____.

_____ (Signature)

Requested by : Self <input type="checkbox"/>	Requested by : Others <input type="checkbox"/>
Specify the relationship with the Patient _____ & ID Proof* _____	

*Kindly attach anyone copy of these: Driving License/ Passport/ Pan Card/ Voter's ID/ Aadhaar Card

Approved by Primary Consultant	Received by: Name : _____ Relationship : _____ Signature : _____ Date : ___/___/___
Signature	

Please Note;

- 1) Kindly note that the payment will not be refunded
 - a. If the applicant's signature does not match as per our hospital records (Medical Record) the application will be rejected.
 - b. Cancellation of the application.
- 2) Authority letter required to be issued by the applicant if the receiver is different than the applicant.

Application# _____ is received on _____ By _____ Date: _____