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Date and location

ACCESS TO HEALTH RECORD REQUEST

Applicant's name and surname:

PESEL number/ date of birth:

*In case when applicant is other person than patient (authorized person or representant of applicant):

Name and surname:

PESEL number/ date of birth:

Health record scope:

all

selected scope:

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(additional information, eg. date, specialists)

Health record receiving method:

in person

digital copy* to

(e-mail address)

* The files will be encrypted. Phone number to send the password:

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I was informed of the costs of access to the health record.

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Signature of the applicant