

[illegible]

To, _____ Date: _____
 Medical Records Department DD MM YYYY
 Sir H. N. Reliance Foundation Hospital & Research Centre
 Girgoan, Mumbai - 400 004.
 I, request Medical Records Department of Sir H. N. Reliance Foundation Hospital & Research Centre to issue the
 photo copies pertaining to my / my patient's medical records as I need it only for following purpose.
 (Please tick as applicable)
☐ Mediclaim ☐ Further Treatment ☐ Death Claim ☐ Medico Legal ☐ Others (Please Specify) _____

Patient Name:																											
First Name										Middle Name					Last Name												
Hospital MRN / Case No: _____ Contact No. _____																											
Date of Admission:							-			-						Date of Discharge:			-			-					
					DD			MM			YYYY					DD			MM			YYYY					
I, hereby authorize to issue my medical records to (Fill only if patient/legal representative is not visiting to collect the medical records) Mr. /Ms. _____																											
First Name										Middle Name					Last Name												
Whose specimen signatures are appended - Signature _____																											
I will collect the medical records (Please tick as applicable)																											
Personally from Medical Records Department in between 09:30 am - 05:30 pm except Sundays and Public Holidays.																											
Kindly courier on address _____																											

Thanking you, Yours truly,																											
Patient Name:																											
First Name										Middle Name					Last Name												

Sir H. N. Reliance Foundation Hospital and Research Centre, Mumbai requires a completed and signed written request & authorization for released of Medical Records / Indoor Case papers before releasing documents to anyone including the patient.

- 1) Patient or Authorized Representative (person whose name is mentioned as legal authorized representative in hospital records) may obtain a copy of his / her medical records. The patient or Authorized attendant must date and sign.
- 2) If the patient is minor (under age 18), authorized representative must sign on his / her behalf.
- 3) If the patient is over 18 and is incompetent, the authorized representative must sign and provide proof of legal representation.
- 4) If the patient is deceased, the authorized representative or legal representative must sign & provide proof of legal representation.
- 5) The photo copies of medical records should be given to the applicant within three working days.
- 6) ₹150/- fixed for copying and handling charges and ₹ 50/- for courier charges to be paid at billing counter.

Remark: Approved/Not Approved Authorized By: Dr	Date of Issuing _____ Medical Records _____	Received photo copies of Indoor Case Papers / Medical Records Receivers Name _____ Receivers Signature _____
Signature _____	Medical Records Issuers Signature	