

Medical Record Application Form

Galya Rajanagarindra Institute

Date : .....

Dear .....

By means of this letter, I, Mr. / Mrs. / Miss .....

Aged ..... years, ID Card No. ....

Residing at house no .....

Telephone (Home)..... Mobile Phone (Home).....

Relationship ..... Patient.....

I am writing to request for Medical record (Please specify).....

The objectives to use.....

I confirm that above. Mentioned is true and correct , Therefore, I hereunder sign as evidence.

Yours Faithfully

Signed .....

(.....)