

Agreement for view and Medical records

Patient	Name	Phone number
	Date of birth (Alien card number)	
	Address	
Applicant	Name	Relation with patient
	Date of birth (Alien card number)	Phone number
	Address	
Scope of view and copy issue	Medical institution name	
	Medical period	
	Contents and reasons for obtaining view and copy	

I (legal representative) agree to the applicant() to view my medical records or obtain a copy
in accordance with 「Medical Law」 21-2 and 13-2.

year month day

I (legal representative) (signature)

※ 비고 : 환자 본인이 만 14세 미만의 경우에는 법정대리인이 작성합니다.