

Warrant of Attorney for view and copy Medical records

Appointee	Name	Phone number
	Date of birth(Alien card number)	Relation with delegating person
	Address	

Delegating Person	Name	Phone number
	Date of birth(Alien card number)	
	Address	

The delegator follow the 「Medical Law」 Article 21-2, Article 13-2 when authorize the 「Agreement for view and copy of Medical records」 all rights to above.

Year Month Day

Delegating person (signature)