Your medical record

Form to request a copy of a medical record

The request is made by

- The patient him/herself
- The patient's legal representative (include proof)
- A person authorised by the patient (fill in authorisation at the bottom of this form)
- Other .....

Patient data

Patient number .....

Surname and initials ..... M / F

Date of birth .....

Address .....

Postal code and City .....

Telephone number .....

Email .....

Data of the person submitting the request (if not the patient him/herself)

Fill in if the person submitting the request if not the patient
(this is only permitted for patients under 12 years of age and relatives of a deceased patient):

Name person submitting request ..... M / F

Address person submitting request .....

Postal code and City .....

Telephone number .....

Relation to patient .....

Data you wish to receive:

- Part of the medical record
- Part of the nursing records
- CD-ROM(s) with X-ray / MRI scan / CT scan (including report) .....
- Report on X-ray / MRI scan / CT scan of.....
- Discharge letter for GP .....
- Surgery report.....
- Other: .....

From which department(s) (e.g. orthopaedics / cardiology) do you wish to receive data?

.....

Patiënteninformatie

About which period do you wish to receive information?

From.....until.....

If you have changed to a different hospital or different doctor, either you or your new doctor can request a copy of your medical record.

How do you wish to receive the information?

- Send me the information by registered post
- Mail by secure mail, if no CD-rom is required regarding medical images

Signature (Signature person requesting information)

Place ..... Date .....

Signature patient Signature patient if between 12–16 years old

....

Authorization
The patient:

Surname and initials ..... M/F

Hereby permits the person requesting information

(name) ..... to obtain medical data.

Signature patient Signature authorised person

....

Please send the request form with a copy of your identification document to:

Maastricht UMC+
Medical Record Request, KIO
Antwoordnummer 126
6200 WC Maastricht
E-mail: medischdossier.patientenzorg@mumc.nl

- Include a copy of your identification document (will be destroyed after verification)
- In case your request concerns medical data of a child between the age of 12 and 16 years, both the child and the parent/guardian must sign the request form. Also, copies of a valid ID of both the child and the parent/guardian must be included.
- In case your request concerns medical data of a deceased relative, add a letter explaining the motivation of your request.

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