az Rivierenland

Request for access of copy of medical information

Date of request
…… / …… / ……

The patient:

First Name: …… Last Name: ……

Date of Birth: …… / …… / ……

Street: …… No.: …… Unit: ……

City: …… Postal Code: ……

Country: ……

Phone: ……

E-mail: ……

Regarding:
□ campus Bornem
□ campus Willebroek c
□ campus Rumst

□ requests access
□ requests a copy
of the admission period from …… / …… / …… to …… / …… / ……

The request includes (check applicable):
□ the nursing file
□ the medical file
□ investigation conclusions
□ lab results
□ medical imaging
□ certificate from the attending physician (for insurance)
□ emergency report
□ ……

Please attach a copy of your ID card with this request.

The medical archive will contact you soon for further processing of your request.

Signature of applicant (patient or representative)