

Form — A

APPLICATION FOR BASIC MEDICAL RECORDS

[See rule 6 (2)]

To,
The Medical Officer in-charge

.....

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Sir/Madam,

Subject: - Request for copy of my basic medical records /basic medical records of.....(If application is by nominated representative) Hospital Number (if known).....

I Mr. /Mrs.residing at
.....aged..... son/daughter of Mr. /Mrs.....
was treated at your mental health establishment from..... to.....

Kindly provide me a copy of the medical records of my treatment.

Address

Signature

Date

Name

N.B.:- Please strike off those which are not required.