Data Access Request (Additional Information) - AHNH

Name of Hospital Authority (HA) Institution from which Medical Records are required :

❑ Tai Po Hospital ❑ Northern District Hospital ❑ Prince of Wales Hospital

❑ Other (Please specify) ______________________

Period: ______________________

Specialty: ______________________

Type of Medical Records

Medical Records	
❑ A&E Records	❑ Lab Results
❑ Hospitalisation Records	❑ Endoscopy Records
❑ Discharge Summary	❑ ECG
❑ Consultation Notes	❑ EEG

Diagnostic Images		
X-ray	❑ Image (Disc)	❑ Report
CT Scan	❑ Image (Disc)	❑ Report
MRI Scan	❑ Image (Disc)	❑ Report
Ultrasound Scan	❑ Image (Disc)	❑ Report

Others (please specify): *#Please provide information on separate sheets if the provided space is insufficient*

Name of Hospital Authority (HA) Institution from which Medical Records are required :

❑ Tai Po Hospital ❑ Northern District Hospital ❑ Prince of Wales Hospital

❑ Other (Please specify) ______________________

Period: ______________________

Specialty: ______________________

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