

Data Access Request (Additional Information) - TPH

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

- ☐ Alice Ho Miu Ling Nethersole Hospital ☐ Northern District Hospital ☐ Prince of Wales Hospital
- ☐ Other (Please specify) _____

Period: _____

Specialty: _____

Type of Medical Records

Medical Records	
<input type="checkbox"/> A&E Records	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Hospitalisation Records	<input type="checkbox"/> Endoscopy Records
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> ECG
<input type="checkbox"/> Consultation Notes	<input type="checkbox"/> EEG

Diagnostic Images		
X-ray	<input type="checkbox"/> Image (Disc)	<input type="checkbox"/> Report
CT Scan	<input type="checkbox"/> Image (Disc)	<input type="checkbox"/> Report
MRI Scan	<input type="checkbox"/> Image (Disc)	<input type="checkbox"/> Report
Ultrasound Scan	<input type="checkbox"/> Image (Disc)	<input type="checkbox"/> Report

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

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