

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		Diagnostic Images	
<input type="checkbox"/> A&E Records	<input type="checkbox"/> Lab Results	<input type="checkbox"/> X-ray	<input type="checkbox"/> Image (Disc)
<input type="checkbox"/> Hospitalisation Records	<input type="checkbox"/> Endoscopy Records	<input type="checkbox"/> CT Scan	<input type="checkbox"/> Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> ECG	<input type="checkbox"/> MRI Scan	<input type="checkbox"/> Report
<input type="checkbox"/> Consultation Notes	<input type="checkbox"/> EEG	<input type="checkbox"/> Ultrasound Scan	<input type="checkbox"/> Report

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

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