

## Data Correction 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) \_\_\_\_\_

### **DETAILS OF INACCURACIES CLAIMED**

*(Please specify clearly and in detail the inaccuracies claimed and on which medical records the inaccuracies are found. Please provide information on separate sheets if the provided space is insufficient)*

Medical Record Type	Date	Details of Inaccuracies	Copy Available?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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