

DETAILS OF DATA SUBJECT WHO MUST BE A LIVING INDIVIDUAL

Name (English) : _____ Name (Chinese) : _____
 HKID Card No. : _____ / Passport No. : _____

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

- Alice Ho Miu Ling Nethersole Hospital North 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No