## AHNH - Data Access Request (Additional Information)

| For Office Use Only | |
|---|---|
| Ref No. | |

### 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 :**

❑ Tai Po Hospital ❑ North 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* |
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