



REGIONE VENETO
AZIENDA OSPEDALE – UNIVERSITA'
PADOVA MEDICAL DIRECTION
MEDICAL RECORDS SERVICE

**REQUEST FOR MEDICAL RECORDS OF THE
MINOR WITH
CERTIFICATION OF PARENTAL RESPONSIBILITY**
(Art. 46-47 Presidential Decree No. 445/2000)

FILL IN BY PARENT

I, THE UNDERSIGNED

BORN ON.....IN.....PROV.....

RESIDENT INPOSTAL CODE
PROV.....

ADDRESSN.....TEL.....

Aware of the penal sanctions foreseen in case of false declarations as established by ART. 76 of Presidential Decree 445 / 2000

DECLARES:

TO EXERCISE PARENTAL RESPONSIBILITY AS THE

DATA OF THE MINOR

.....BORN ON

RESIDENT IN.....POSTAL CODE.....PROV.....

ADDRESS.....N.....

DELEGATES (to be filled only in case of delegation):

MR/MRS

DATE OF BIRTH.....PLACE OF BIRTH.....

RESIDING INZIP CODE.....

ADDRESS.....TEL.....

ASKS:

COPY OF DEPARTMENTAL MEDICAL RECORDSFROM.....TO.....

RADIOGRAPHIC EXAMINATION CD (specify which ones)

MODE

COLLECTING AT THE COUNTER

SHIPPING TO THE ADDRESS.....

.....

DATE / /

DECLARANT'S
SIGNATURE

.....

At the door: The holder or the delegate must show the identity documents. In case of delegation, the empowered person must have the delegation signed by the holder and copy of the holder's current identity document .

Via e-mail: richiesta.cartelle@aopd.veneto.it: The request must be sent with a copy of the holder's current identity document.

For information call 049/8213055 from 08:00 to 09:00 and from 13:30 to 14:30, from Monday to Friday.

I, the undersigned, in accordance with Legislative Decree 196/2003 (personal data protection code), consent that my data be processed or may be disclosed to third parties for the purpose of fulfilling legal obligations