



REGIONE DEL VENETO
 AZIENDA OSPEDALE – UNIVERSITA’ PADOVA
 DIREZIONE MEDICA OSPEDALIERA
SERVIZIO CARTELLE CLINICHE
 MEDICAL RECORD

**REQUEST OF HEALTH RECORDS
 INTERNATIONAL SOS – TRICARE**
 (Holder of the documentation)

THE UNDERSIGNED.....

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

RESIDING INZIP CODE.....

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

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

MR/MRS

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

RESIDING INZIP CODE.....

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

REQUEST / WITHDRAWAL:

(DATE OF HOSPITALIZATION / OUTPATIENT SERVICE)

MEDICAL RECORD COPY - DEPARTMENTFROMTO.....

X-RAY IMAGES CD (SPECIFY WHAT).....

MODALITY:

- WITHDRAWAL AT THE DOOR
- SHIPPING VIA MAIL AT THE ADDRESS :

.....

THE DECLARANT

DATE / /

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 send with a copy of the holder’s current identity document.

For informations call 049/8213055 from 08:00 to 09:00 and from 13:30 to14:30, from Monday to Friday.