



REGIONE DEL VENETO  
AZIENDA OSPEDALE – UNIVERSITA' PADOVA  
DIREZIONE MEDICA OSPEDALIERA  
SERVIZIO CARTELLE CLINICHE  
(HEALTH MEDICAL RECORD)

**REQUEST OF HEALTH RECORDS**  
(Holder of the documentation)

THE UNDERSIGNED.....

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

RESIDING IN .....ZIP CODE.....

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

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

MR/MRS .....

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

RESIDING IN .....ZIP CODE.....

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

**REQUEST / WITHDRAW OF**

- MEDICAL RECORD COPY
- OUTPATIENT RECORD (specify the medical service)
- FIRST AID REPORT
- X-RAY IMAGES CD (specify the radiological examination)

**(DATE OF HOSPITALIZATION / OUTPATIENT SERVICE):**

Hospital Ward .....from...../...../...../to...../...../.....

Hospital Ward .....from...../...../...../to...../...../.....

Hospital Ward .....from...../...../...../to...../...../.....

Hospital Ward .....from...../...../...../to...../...../.....

**FIRST AID SERVICE**

.....from...../...../...../to...../...../.....

**MODALITY:**



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

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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 . The advance payment must be paid at the cash desk.

**Via e-mail:** [richiesta.cartelle@aopd.veneto.it](mailto:richiesta.cartelle@aopd.veneto.it). The request must be send with a copy of the holder's current identity document , the copy of the payment of 15,00 euro.

Info: <https://www.aopd.veneto.it/Cartelle-Cliniche>

**For informations call** 049/8213055 from 08:00 to 09:00 and from Monday to Friday.

The undersigned, pursuant to Legislative Decree no. 196/2003 (code for privacy), consents that their data is treated or can be disclosed to third parties, in order to ensure compliance with the law.

Update 19/05/2025