

委託書 Letter of Attorney

本人_____因故無法親自至貴院申請病人_____的

☐病歷複製本☐其他_____, 特委託_____代為處理申請。

茲聲明並誠實保證本人_____確有委託_____處理, 如有不實或所提供身分證明文件有偽造或變造情事, 所衍生之民、刑事、行政責任, 概由本人與受託人承擔, 與貴院無涉。

I, the client, who want to apply for ☐copy of medical records ☐other_____

For Mr./Ms. _____, am unable to present the application in person and have commissioned Mr./Ms. _____ As my agent to deliver the application with his/her and my original I.D. certificates to your agency.

此致 To

臺北榮民總醫院 Taipei Veterans General Hospital

委託人(Name of Client) :

(簽章) Signature

身分證號碼(Passport ID) :

聯絡電話(Number) :

地 址(Address) :

受託人(Name of Agent):

(簽章) Signature

身分證號碼(ID) :

聯絡電話(Number) :

地 址(Address) :