

Form – A

APPLICATION FOR BASIC MEDICAL RECORDS
[See rule 6 (2)]

To,
The Medical Officer in-charge

Sir/Madam,

Subject: - Request for copy of my basic medical records /basic medical records of..... (If application is by nominated representative) Hospital Number (if known) _____

I Mr. /Mrs. _____ residing at _____ aged _
_____ son/daughter of Mr. /Mrs. _____ was treated at your
mental health establishment from ____ to
_____.

Kindly provide me a copy of the medical records of my treatment.

Address

Signature

Date

Name

N.B.: - Please strike off those which are not required.