

## Medical Records and Certificate Request Check-list

※ Please check (✓) all boxes that apply.

### PURPOSE 목적

- ☐ For other Health Care center 타병원 진료용
- ☐ For Military affairs 병사용
- ☐ For submitting to public institutions 공공기관 제출용
- ☐ For Personal use 개인용도용
- ☐ For research 연구/학회 제출용

### << ●RELEASE THE FOLLOWING INFORMATION 내용:

#### ① Outpatient records 외래기록:

- ☐ Outpatient Record 외래진료기록
- ☐ Emergency Record 응급실기록지
- ☐ Lab/test Report 결과지
- ☐ Other records 기타서식

#### ② Admission records 입원기록:

- ☐ Discharge Summary 퇴원요약지
- ☐ Emergency Record 응급실기록지
- ☐ Progress Note 경과기록지
- ☐ Consultation Request 협의진단의뢰서
- ☐ Lab/test Report 결과지
- ☐ Operation Note 수술기록지
- ☐ Doctor's Order Record 의사처방수행기록지
- ☐ Nursing patient's history taking 간호정보조사지
- ☐ Nursing Record 간호기록지
- ☐ Other records 기타서식

#### ③ Medical Images 의료영상:

- ☐ PACS Images PACS 영상 Comment :

#### ④ Outside medical records 타병원 기록:

- ☐ Medical record 진료기록
- ☐ PACS Images PACS 영상

### << ●TYPES of CERTIFICATE 내용:

- ☐ Medical Certificate 진단서 ( Korean / English )
- ☐ Medical Opinion 소견서
- ☐ Certificate of admission and discharge 입통원증명서
- ☐ Medical Certificate of Injury 상해진단서
- ☐ Birth Certificate 출생증명서
- ☐ Future Treatment Planning 향후치료추정서
- ☐ Disability/Disorder Certificate 장애진단서
- ☐ Physical Disability Certificate 후유장애진단서

WRITE the information listed below in ENGLISH with CAPITAL letters :

Full name of the patient 환자 성명:

Gender 성별: ☐ Male ☐ Female

Date of Birth 생년월일: Y M D

Current Address 현주소:

※ The exact amount will be notified to you once all necessary preparations have been made and sent to me via your email.

※ Hospital bank account info will be provided when all are prepared.

※ We do not provide the translation of documents.