

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
Date

Signature
Name

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