

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.