	REQUEST FORM FOR COPY OF CASE HISTORY	M/919/276 Rev. 0 Page 1 of 1

The undersigned Mr./Mrs. _____
Born on ___/___/___ in _____
Residing in _____ Province _____
Road _____ No. _____ Postcode _____
Telephone number of the applicant for possible communication by the Hospital: _____

REQUESTS

the release of no. _____ copy/copies of his/her own case history regarding:

☐ acceptance in Emergency Department on ___/___/___

☐ *ordinary hospitalization in the _____ department from ___/___/___ to ___/___/___

☐ *Day Hospital/Day Surgery hospitalization in the _____ department from ___/___/___ to ___/___/___

Copayment is only necessary for the <u>case history (*hospitalization – NO EMERGENCY DEPARTMENT)</u> as follows:

☐ Case history: collected from the Sant'Andrea Hospital cash desk **Cost € 12.00**

☐ Case history: copy sent to home address** by Registered post **Cost € 20.00**

**Attention: specify the address where the copy of the case history is to be sent and leave a photocopy of the document of the party entitled when paying:
Road_____ No. _____
Postcode _____ City _____
Province _____

Date ___/___/___

Signature of applicant

_____

They payment of the sum may be made either at the Single Booking Centre (CUP) counter at the time of the request or bank transfer, sending to the fax number 0633775001**:**

- the fully completed request module
- a photocopy of the bank transfer of € 12.00 or € 20.00 made out to the Azienda Ospedaliera Sant'Andrea via di Grottarossa 1035/1039 Unicredit Banca of Rome Branch 275 IBAN: IT 19 X 02008 05312 000400009004 indicating the following as the reason for payment:
  - in the case of € 12.00, "collection of the medical records";
  - in the case of € 20.00, "sending of the medical records".
- a photocopy of the applicant's identification document

USEFUL INFORMATION

The presence of the holder is needed to collect medical records (medical records, radiological examinations, reports, etc.). If the holder cannot be present, a written authorization is needed. For the authorization, please fill out the module available from the Information Office.
The copy of the documentation can be collected from the Radiology counter, on basement floor one, from Monday to Friday 8.30 am to 13.30 pm. For information, please call 06-33775892/5474,10.00am to 12.00am.