

To The Director of The Jikei University Katsushika Medical Center

STATEMENT OF PROCURATION

Date(mm/dd/yr) _____ / _____ / _____

Paatient

Name (print) _____

Date of Birth _____

I hereby authorize the person mentioned below to request The Jikei University Katsushika Medical Center to issue documents concerning medical care for the patient and to receive them. I also agree that the authorized person can ask The Jikei University Katsushika Medical Center to disclose all information concerning medical care for the patient.

Signature _____

Name (print) _____

Date of Birth _____

Address _____

Telephone Numder _____

Relationship with the patient: patient, legal representative,
other(specify _____)

1. Documents:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

2. Hospital Department(s) concerned:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

3. Authorized person:

Signature _____

Name (print) _____

Date of Birth _____

Address _____

Telephone Number _____

※This statement is effective for three months including the date of issue.