**FORM FOR THE COLLECTION OF MEDICAL RECORDS COPY**

I, the undersigned .............................................................................................

resident in …………….. ………………….. in Via ………………………………… no. …….

request that a copy of the medical record concerning my inpatient stay is released.

Signature Date

……………………………………… ………………………

# DELEGATION FORM FOR THE COLLECTION OF MEDICAL RECORDS COPY

I, the undersigned .............................................................................................

delegate Ms./Mr. ……………………………………………………………..

Identity Card no. ............................................... to collect a copy of my medical record.

Signature Signature of delegate

……………………………… ………………………………

*Pursuant to Legislative Decree no. 196 of 30 June 2003, I authorise the use of my personal data.*