

Authorization for Disclosure and Copy of Medical Records · Radiology Images (DVD)

Trustee	Name		Contact No.	
	Date of Birth (Alien Registration Card No.)		Relationship to Patient	
	Address			
Patient	Name		Contact No.	
	Date of Birth (Alien Registration Card No.)			
	Address			

I, the patient give power of attorney to the Trustee as written in the 「Authorization for Disclosure and Copy of Medical Records」 to disclose and copy the patient's medical records according to the 「Medical Law」 Article 21 clause 2 of the Korea Medical Service Act and Article 13-3 of the Enforcement Decree of the Medical Service Act.

Year Month Day

Patient(or Patient's Legal Guardian)

(Signature)