

Healthcare proxy /委任状

Representative/ (代理人)

Address/住 所 〒

Name/氏 名

Date of birth/生年月日 Year/年 Month/月 Day/日生

Relation to the delegator/委任者との関係

I hereby appoint the above-mentioned person as my representative and delegate the following matters to him/her.

/私は上記の者を代理人と定め、下記の事項について委任します。

Note/記

Application for and receipt of medical certificates and other certificates of the patient

_____ or request the access to medical records and receipt
of the copies of these records.

/(患者氏名) _____に関する診断書・証明書等の交付申請及び受領又は
診療録の閲覧・謄写等の請求及び同写しの受領。

Year/年 Month/月 Day/日

Delegator・Patient /(委任者・患者)・

Address/住 所 〒

Name/氏 名 Seal/印

Date of birth/生年月日 Year/年 Month/月 Day/日 生

Yokohama City Minato Red Cross Hospital / 横浜市立みなと赤十字病院

In the event that we have a mis-communication and misunderstanding that resulted from differences in languages between Japan and other countries, and customs or systems, we will consider Japanese language to have priority.

日本と外国の言葉や制度等の違いにより解釈の違いが生じた際には、日本語を優先とします。