

To The Director of The Jikei University Daisan 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 Daisan 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 Daisan 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.