JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL EDUCATION AND RESEARCH, Puducherry

MEDICAL RECORDS DEPARTMENT
Request for IP/OP Records

Date:

From,

Dr.....

Employee ID :

Designation :

Department :

Purpose of access :

No of Records requested :

Applicant's JIPMER Email ID for receiving scanned records (e.g 123@jipmer.ac.in) :

(Please list the Name and Hospital/IP numbers of the specific records you are requesting)

Sl No	Patient Name	Hospital Number	IP/MRD Number

Declaration:

I, the undersigned, hereby request access to the medical records for the purpose stated above. I understand that this information is confidential and will be used solely for the intended purpose.

Signature of Applicant.....

Name of HOD..... **Signature of HOD with seal:** .....