



**Application form**  
**Patient record**

**PATIENT'S IDENTITY:** PLEASE WRITE IN CAPITAL LETTERS

Civility:  Mme  Mr.

Family name: ..... First name: .....

Date of birth: ...../...../..... Telephone number: .....

Address: .....N° .....

Postcode: ..... Locality: .....

Email : .....@.....

Patient is alive  Patient deceased (Right of consultation – in accordance with art. 9 §4 of the law of 22/08/2002 on the rights of the patient)

Justification or reason for request (required):  
.....

Contact of designated practitioner:

Family name: ..... First name: .....

Address: .....

**APPLICANT'S IDENTITY:**

Civility:  Mme  Mr.

Family name : ..... First name: .....

Date of birth: ...../...../..... Telephone number: .....

Address: .....N° .....

Postcode : ..... Locality: .....

Acting as  patient  legal representative (father, mother, guardian)  person eligible for

*Art. 12. § 1er If the patient is a minor, the rights fixed by this law are exercised by the parents exercising authority over the minor or by his guardian (In accordance with the law of the 22/08/2002 on the rights of the patient)*

*Art. 12. § 2 Depending on his age and maturity, the patient is associated with the exercise of his rights. The rights enumerated in this law may be exercised autonomously by the minor patient who can be considered capable of reasonably assessing his interest. (In accordance with the law of 22/08/2002 on the rights of the patient)*

**TO RETURN TO:**

To the attention of Service Archives, by post or by email

Email: [copiedossier.delta@chirec.be](mailto:copiedossier.delta@chirec.be)

Or else to CHIREC Clinique Sainte-Anne Saint-Rémi—Boulevard Jules Graindor 66 à 1070 Anderlecht

Date: .....

Sign: .....



## TRANSMISSION TERMS:

- Send to your home
- Send to your doctor of your choice, specify:

Family name: .....

Address: .....

- Delivery of the copies on site

**The medical record's copy will be sent to the address mentioned above within a maximum of 15 working days when all required information are collected, we will then process your request.**

## INVOICING COPIES OF MEDICAL RECORDS:

*In accordance with the Royal Decree of 02/02/2007, the reproduction of documents may be invoiced.*

Reproduced paper	0.10 € (VAT included) per page if ≥ 25 pages
Medical record reproduced on CD	5 € (VAT included) CD with a max of 10 € (VAT included)
The total cost of medical record's copy	Can not exceed 25 € (VAT included) CD included

## REQUESTED MEDICAL DATA:

***We recommend you to target your request to avoid maximum fees***

Service:  Period from ..... to .....  
 complete copy for this speciality

Service:  Period from ..... to .....  
 complete copy for this speciality  
 All data of your medical record

**Art. 9 § 4** *After the death of the patient, the spouse, the legal cohabiting partner, the partner and the parents until the second degree included have, through the professional practitioner designated by the applicant, the right of consultation, provided that their request is sufficiently motivated and specified and that the patient did not expressly object to it.  
(In accordance with the law of 22/08/2002 on the rights of the patient)*



### **IMPORTANT:**

Do not forget to attach to this application:

- **A copy of your identity card or your passport to ensure your identity**
- **Photocopy of the identity card of the person (patient) for which you are requesting the medical records**
- **Any document attesting your legal's guardian (like birth's certificate) or person eligible for.**