



South Cove Community Health Center

Permission to Pick up Medical Records

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_, grant permission  
to \_\_\_\_\_, who is my \_\_\_\_\_, and currently resides at  
\_\_\_\_\_, to pick up my medical records  
that I requested on \_\_\_\_\_ from South Cove Community Health Center.

**Note: Please bring a government-issued picture ID when picking up the records for verification purposes.**

我, \_\_\_\_\_ (病人姓名), 出生日期 \_\_\_\_\_, 允許  
\_\_\_\_\_  
(授權人), 我的 \_\_\_\_\_ (關係), 目前居住在  
\_\_\_\_\_, 代表我本  
人從華人醫務中心領取我在 \_\_\_\_\_ (日期) 申請的醫療記錄。

注: 請記得攜帶政府核發的身份證件以供驗證。

Patient's Name (病人姓名): \_\_\_\_\_

Patient's Signature (病人簽名): \_\_\_\_\_

Date (日期): \_\_\_\_\_