

IDENTITY OF APPLICANT (1)

Name at birth/maiden name : First name :

Married name : Date of birth :

Address :

.....

E Mail : Telephone :

(1) Please provide double-sided photocopy of identity papers.

CHILD

I am the legal guardian of the following child (under the age of 18) (2)

Name at birth : First name:.....

Date of birth :

(2) Please provide a photocopy of the « livret de famille » (family record book) + double-sided photocopy of the applicant's identity papers or a copy of the divorce ruling (shared parental guardianship or not).

WARD OF COURT/ GUARDIANSHIP

I am under legal protection: Guardianship (3) Ward of Court (4)

(3) Please provide the financial agreement with the Guardian and a photocopy of the Guardianship ruling and a double-sided photocopy of the applicant's identity papers.

(4) Please provide a photocopy of the Ward of Court ruling and a double-sided photocopy of the Guardian's identity papers.

EXPERT'S REPORT

I would like to obtain a copy of my file for an expert's report.

Requested by an insurance company (5) Legal requirement (6)

(5) Please provide a photocopy of the appointment with the medical expert.

(6) Please provide a photocopy of the court warrant.

MEANS OF COMMUNICATION

Will come to pick up documents (as soon as copies available)

By post (6) (dispatch mode by default)

to myself to a Doctor (**please give details underneath**)

Name of Doctor : First name :

Address :

..... Telephone :

Viewing on-site free of charge (by appointment only)

Viewing on-site free of charge accompanied by a Doctor (by appointment only)

(7) Dispatching of letters by registered post only and invoiced to applicant.

(7) envoi des copies par lettre recommandée et facturées au demandeur.

ELEMENTS OF THE PATIENT FILE REQUESTED

Legislation provides access to the entire medical file. However, this can be very bulky. It is important to calculate the potential cost depending on the usage envisaged.

The hospital admission report (compte-rendu) will establish a concise overall account of hospital admission details and very often this will cover your needs.

- Hospital admission report (admission, operation, follow-up appointments, etc..) Biology results
 Imagery (x-rays, scans, MRI, etc..)
- Other (please give details)

Bulky x-rays and biology results will be provided in CD ROM format.

HOSPITAL STAY CONCERNED BY THE APPLICATION

Date(s) of admission	Ward or department on admission	Name of Doctor	Vannes	Auray
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

COSTS OF COPIES AND DISPATCH WILL BE INVOICED

. COSTS :

- Photocopy paper - black & white - format A4 0.18 € per copy
- Photocopy – black & white - format A3 0.36 € per copy
- Duplication angiography on paper 2.50 € per copy
- Medical Imagery:
 - . X-ray **before** 31/05/2011 1.14 € per x-ray
 - . X-ray **after** 01/06/2011 2.75 € per CD-Rom
 - . Scan & MRI **before** le 04/07/2007 1,14 € per image
 - . Scan & MRI **after** le 04/07/2007 2,75 € per CD-Rom

Dispatching of copies of the medical file via **registered letter with signature upon delivery ONLY**. Dispatching of documents will be invoiced to the applicant at the Post Office's going rates.

Signed at Date

Mandatory signature :

FORM TO BE RETURNED FULLY COMPLETED TO THE FOLLOWING ADDRESS :

**By post to: Centre Hospitalier Bretagne Atlantique DIRECTION GENERALE
20 bd Général Maurice Guillaudot B.P. 70555
56017 VANNES**

Or

By E Mail : communication.dossier-patient@ch-bretagne-atlantique.fr