

## Power Of Attorney

I, \_\_\_\_\_ (principal), authorize \_\_\_\_\_ (agent) to apply the documents due to \_\_\_\_\_ (reason)

### Documents apply:

- |                                                                 |                                                                 |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Apply type A(甲種) diagnosis certificate | <input type="checkbox"/> Apply type B(乙種) diagnosis certificate |
| <input type="checkbox"/> Apply medical record copy              | <input type="checkbox"/> Apply medical imaging                  |
| <input type="checkbox"/> Apply for Medical Identification       | <input type="checkbox"/> others _____                           |

### Delegation of powers

The agent is authorized to apply and collect the documents above.

The agent has no right to choose another surrogate to take charge of assigned matters.

### Legal declaration

All information and signatures which the principal and the agent provide are authentic.

If not, the principal and the agent will take their legal responsibilities. Pingtung

Christian Hospital won't take any responsibility for the principal and the agent's action.

Principal Signature: \_\_\_\_\_

ID card number: \_\_\_\_\_

(Passport number)

Address: \_\_\_\_\_

Stamp:

Agent Signature: \_\_\_\_\_

Relation with the principal: \_\_\_\_\_

ID card number: \_\_\_\_\_

(Passport number)

Address: \_\_\_\_\_

Stamp:

DATE: \_\_\_\_\_

※To protect the privacy and right, please prepare all related documents before application.

1. Personal application: ID card

2. Authorized agent application: (1) Patient's ID card (2) Agent's ID card (3) Power of attorney

3. Documents for minor patient need to be applied by his/her custodian: (1) Custodian's ID card (2) Documents prove the relation between patient and the custodian (Household Register/Household Certificate)

4. Documents for minor patient are applied by custodian authorized agent: (1) Custodian's ID card (2)

Documents prove the relation between patient and the custodian (Household Register/Household Certificate) (3) Power of attorney from custodian (4) Agent's ID card

5. Documents application for deceased patient: (1) Heir or direct blood relative's ID card (2) document proving relationship with the patient (3) Household registration cancellation transcript ©If this application is applied by the agent, please prepare the Power of attorney and agent's ID card.