

Your file is provided digitally. If you wish to receive the file physically, please tick the box below.

I would like to receive my file on paper

Request form Copy of Medical Record / Nursing Record

You can view your medical record via Mijn.Franciscus.nl or via your PGO (more information: PGO.nl). If you cannot log in or if you cannot find what you are looking for, please fill in this form. **Is your copy intended for another doctor, specialist, insurance company or lawyer because of switch to a different practitioner, second opinion, personal injury, invoicing or the like? Then you can authorize them to request a copy of your file by means of a medical authorization. In that case, do not use this form.**

Data Patient

Patient name and initials*M/F
 Patiëntnummer.....
 Date of birth*
 Address*
 Postal code and place of residence*
 Phone number*
 E-mail address*

Reason for request (not mandatory).....

If you are requesting the file as an authorized representative, please also complete the section on the back of this form. If the patient's age is less than 16 years, the signature of the legal parent/guardian is required.

The following data is requested:
 (Tick what is desired, * required field)

A. Copy of the entire file

You will receive all available information about all the treatments you have ever had at the Franciscus Hospital. If you would like to receive a file for a single specialism, please complete the following.

B. Copy of the medical record (Fill in only after a visit to a specialist/outpatient clinic)

Specialist/Specialism* :.....
 Treatment period * :.....

C. Copy of the Nursing Record (If admitted to a nursing ward)

Specialist/Specialism* :.....
 Treatment period * :.....

D. Copy of Radiological Images (X-ray, ultrasound, CT scan, MRI, Nuclear Medicine)

Body part* :.....
 Treatment period* :.....

You will receive a download link via Zorgbericht. You can view or download the images there. Do you want the physical file? You will then receive a CD or DVD-ROM. These cannot be played on Apple MacBook or Apple iMac.

Date:.....

Patient signature

Parent/Guardian Signature

Please complete this section if you have been designated as the authorized representative.

By signing this form, the patient gives the authorized representative permission to request the medical or nursing record.

(* required field)

Delegate information:

Name and initials of authorized representative*M/F

Date of birth*

Address*

Postal code and place of residence*

Phone number*

E-mail address*

Relation to Patient*

Reason for request (*mandatory).....

Signature authorized representative



The following information must be enclosed with this application.

- Copy of patient ID
- Copy of authorized representative's identification

Without this information we cannot process the application.

In principle, your application will be processed within four weeks. If you have designated this application as urgent, your application will be processed within two weeks. You will then receive a collection message from the Patient Service Bureau. In exceptional cases, an application can be processed for longer than the stated processing time. If you request multiple medical and/or nursing files, you will receive a collection message when all requested documents have been completed. The medical file is only issued in the Dutch language. An issue in another language is not possible.

We keep a copy for a maximum of three months, taking into account the General Data Protection Regulation and the Medical Treatment Agreement Act. After this it will be destroyed and you will have to submit a new application.

You can hand in your completed application form at the Patient Service Office or Registration Office on the ground floor in the central hall. You can also send this form by post or e-mail.

Franciscus Gasthuis & Vlietland

t.a.v. Patiënten Service Bureau

Postbus 215

3100 AE Schiedam

Or by mail:

psb@franciscus.nl