	CASA DI CURA PRIVATA PIACENZA S.p.A. Medical Director: Prof. Mario Sanna R01 PA02 REV.7 MEDICAL RECORD REQUEST FORM		
	Issue Date: 04/03/2021	Revision Date: 06/05/2025	Page: 1 of 2

Dear User, We inform you that it is possible to request ONLY after the discharge, the release of a certified copy of the medical records related to your hospitalization.

I, the undersigned _____
Born in(place) _____ on(date) _____
Fiscal Code _____
Phone contact information _____
E-mail contact _____

REQUIRES

That I be issued a copy of the medical records relating to my admission to the department

from _____ to _____

OR

That I be given a copy of the medical records of Mr. a n d Mrs. _____
admitted to the department _____
from _____ to _____

Aware of the requirements of Article 76 of Presidential Decree No. 445 of December 28, 2000 on the criminal liability I may incur in case of false statements, under my own responsibility, I declare that I am (in accordance with Articles 46 and 47 of Presidential Decree 445/2000)

- ☐ an Heir
- ☐ a Parent exercising legal authority
- ☐ a Foster care under order no. _____ of (date) _____ issued by _____
- ☐ a tutor ☐ a trustee ☐ a support administrator under order no. _____
- Of(date) _____ issued by _____
- ☐ a Delegate (in this case, patient proxy is mandatory)

Please note: implementing specific legal obligations, the Company will carry out checks on what has been declared to certify its truthfulness and, in case of false declaration, will notify the Judicial Authority.

I WILL RECEIVE THE DOCUMENTATION AT THE FOLLOWING ADDRESS

Street/Square _____
n. City _____ Prov. _____ ZIP CODE _____
Country _____ First and last name listed on the bell _____
N. Interphone _____


THE PHOTOCOPY OF THE MEDICAL RECORD AT A COST OF € 48.71 (INCLUDING EXPENSES - ADDITIONAL COSTS FOR SHIPMENTS ABROAD DEPENDING ON THE COUNTRY), WILL BE SENT WITHIN 30 DAYS FOLLOWING THE BANK TRANSFER

BANK TO BE MADE OUT TO:

BENEFICIARY: **RJ45 SOC. COOP. ONLUS**
BANK: **BCC Agro Bresciano Soc. Coop.**
IBAN: **IT14F0857511201000000180374**
CAB: **11201** ABI: **8575** C/C: **180374**

REASON FOR PAYMENT: **PATIENT'S LAST NAME AND FIRST NAME** - PHOTOCOPY OF MEDICAL RECORDS
A VALID IDENTIFICATION DOCUMENT OF THE PATIENT AND THE APPLICANT, IF ANY, **MUST BE** ATTACHED TO THIS FORM.
DOCUMENTATION SHOULD BE MAILED TO ufficio.ricoveri@casadicura.pc.it

Piacenza, li _____ Applicant's signature _____

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To find out the status of your request, you can contact RJ45: +39 393 88 74 099 - servizi.documentali@rj45.it

ADDITIONAL CHARGES DEPENDING ON THE COUNTRY OF DESTINATION:

AREA

1	8	9	
Austria (AT)	American Samoa (AS)	Samoa (WS)	Moldavia (MD)
Belgio (BE)	Anguilla (AI)	Santa Lucia (LC)	Mongolia (MN)
Francia (FR)	Antigua (AG)	Sri Lanka (LK)	Mozambico (MZ)
Germania (DE)	Arabia Saudita (SA)	Sudafrica (ZA)	Namibia (NA)
Lussemburgo (LU)	Argentina (AR)	Suriname (SR)	Nauru (NR)
Olanda (NL)	Aruba (AW)	Taiwan (TW)	Nepal (NP)
3	Australia (AU)	Thailandia (TH)	Niger (NE)
Finlandia (FI)	Bahamas (BS)	Timor Est (TL)	Nigeria (NG)
Grecia (GR)	Bangladesh (BD)	Trinidad e Tobago (TT)	Niue (NU)
Irlanda (IE)	Barbados (BB)		Repubblica del Congo
Spagna (ES)	Belize (BZ)	Afghanistan (AF)	Réunion (RE)
Svezia (SE)	Bermuda (BM)	Algeria (DZ)	Ruanda (RW)
4	Bolivia (BO)	Angola (AO)	Russia (RU)
Bulgaria (BG)	Bonaire (XB)	Armenia (AM)	Sant'Elena (SH)
Cipro (CY)	Brasile (BR)	Azerbaijan (AZ)	São Tomé e Príncipe (ST)
Estonia (EE)	Brunei (BN)	Benin (BJ)	Senegal (SN)
Lettonia (LV)	Cambogia (KH)	Bhutan (BT)	Seychelles (SC)
Lituania (LT)	Cile (CL)	Bielorussia (BY)	Sierra Leone (SL)
Malta (MT)	Colombia (CO)	Botswana (BW)	Siria (SY)
Romania (RO)	Figi (FJ)	Burkina Faso (BF)	Somalia Mogadishu (SO)
Slovacchia (SK)	Giamaica (JM)	Burundi (BI)	Somaliland (XS)
Slovenia (SI)	Grenada (GD)	Camerun (CM)	Sud Sudan (SS)
5	Guadalupa (GP)	Capo Verde (CV)	Sudan (SD)
Albania (AL)	Guam (GU)	Ciad (TD)	Tagikistan (TJ)
Andorra (AD)	Guatemala (GT)	Eswatini (SZ)	Tanzania (TZ)
Bosnia-Erzegovina (BA)	Guyana (GY)	Etiopia (ET)	Togo (TG)
Gibilterra (GI)	Guyana Francese (GF)	Gabon (GA)	Tonga (TO)
Guernsey (GG)	Haiti (HT)	Gambia (GM)	Tunisia (TN)
Islanda (IS)	Honduras (HN)	Georgia (GE)	
Isole Canarie (IC)	Isole Cayman (KY)	Ghana (GH)	
Isole Fær Øer (FO)	Macao (MO)	Gibuti (DJ)	
Liechtenstein (LI)	Maldiva (MV)	Giordania (JO)	
Macedonia del Nord (MK)	Martinica (MQ)	Groenlandia (GL)	
Montenegro (ME)	Messico (MX)	Guinea (GN)	
Norvegia (NO)	Micronesia (FM)	Guinea Equatoriale (GQ)	
Serbia (RS)	Montserrat (MS)	Guinea-Bissau (GW)	
Svizzera (CH)	Myanmar (Ex Birmania)	Iran (IR)	
6	Nevis (XN)	Iraq (IQ)	
Canada (CA)	Nicaragua (NI)	Isole Cook (CK)	
Stati Uniti (US)	Nuova Caledonia (NC)	Isole Falkland (FK)	
7	Nuova Zelanda (NZ)	Libano (LB)	
Bahrain (BH)	Oman (OM)	Liberia (LR)	
Cina (CN)	Pakistan (PK)	Libia (LY)	
Filippine (PH)	Palau (PW)	Madagascar (MG)	
Giappone (JP)	Repubblica Dominicana	Malawi (MW)	
Hong Kong SAR China	Saint Eustatius (XE)	Mali (ML)	
India (IN)	Saint Kitts (KN)	Marocco (MA)	
Indonesia (ID)	Saint Vincent (VC)	Mauritania (MR)	
Malesia (MY)	Saint-Barthélemy (XY)	Mauritius (MU)	
Singapore (SG)	Saint-Martin (Parte	Mayotte (YT)	

**ADDITIONAL COSTS
DEPENDING ON THE
COUNTRY OF
DESTINATION**

AREA 1	18,64 €
AREA 2	19,27 €
AREA 3	18,97 €
AREA 4	19,03 €
AREA 5	19,44 €
AREA 6	19,66 €
AREA 7	25,34 €
AREA 8	26,25 €
AREA 9	47,79 €

Information in accordance with Article 13 of Legislative Decree. n. 196/2003: Personal data, not particular, collected through this form will be processed by the owner Casa di Cura Privata Piacenza Spa for the sole purpose of providing you with the requested service in accordance with Art. 6 paragraph 2 b) GDPR. The data in this form will be processed for the time strictly necessary to manage your request. In order to provide you with the service referred to in this form it is necessary for us to obtain all the data indicated therein, without which it will not be possible to fulfil your request. The data will be processed by internal or external staff specifically appointed pursuant to art. 28 GDPR. You have the right to exercise the rights set forth in Art. 15 et seq. of the GDPR, including the possibility of lodging a complaint with the Privacy Guarantor. For any other information, please refer to the information already provided at the time of data collection or to the information on our website.