Attached:

- Applicant's Identity Document

To
Istituto Europeo di Oncologia, Via Giuseppe Ripamonti, 435
20141 Milan

For the attention of the Admissions Department - Back Office

I, the Undersigned _____ Tel _____
(Surname and Forename)

Born on the __/__/____ Tax ID n. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I hereby request that the Istituto Europeo di Oncologia provide me with a duplicate of the following documentation relating to me:

– ***Medical Record relating to hospitalisation*** (*including all reports relating to the hospitalisation*) ☐ *Copy Uncertified* ☐ *Copy Authenticated* of the __/__/____

– ***Diagnostic Images***

☐	Mammography	☐ *Film*	☐ *CD*	of the __/__/____
☐	Ultrasound	☐ *Film*	☐ *CD*	of the __/__/____
☐	CT	☐ *Film*	☐ *CD*	of the __/__/____
☐	MRI	☐ *Film*	☐ *CD*	of the __/__/____
☐	X-ray	☐ *Film*	☐ *CD*	of the __/__/____
☐	PET	☐ *Paper Colour*		of the __/__/____
☐	Scintigraphy	☐ *Film*		of the __/__/____

– ***Reports***

☐	Histological Examination, Cytological Examination	of the __/__/____
☐	Laboratory Tests, HPV Tests	of the __/__/____
☐	Specialist Examination	of the __/__/____
☐	Outpatient Surgery	of the __/__/____
☐	Outpatient Chemotherapy Treatment from the __/__/____	to the __/__/____
☐	Outpatient Radiotherapy Treatment from the __/__/____	to the __/__/____

– ***Other*** _____ of the __/__/____

I require the Clinical Documentation to be sent to the following address:

_____
(Residential Address – Street and Number)

_____
(City) (Province) (Postcode)

Date __/__/____ Signature _____