

## Request for Records

I, \_\_\_\_\_, of \_\_\_\_\_  
(name) (address)

Date of Birth: \_\_\_\_\_ Hospital Number: \_\_\_\_\_  
(if known)

would like to request a copy of my medical records from Naas General Hospital.

**Further Information:** Please indicate any other further information relevant to this request.

Please indicate if full records are required or records from a specific period only and where relevant, list dates/years etc..

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*\*(please include a copy of photo id with this request (eg. Passport, Drivers licence etc...))*

**Please forward your request to: The Patient Services Department,  
Naas General Hospital,  
Naas,  
Co. Kildare.**

**Phone: (045) 849514/ 849521/ 843014**