

Consent Form for Authorization of Application for X-Ray Image Data Copies in
National Taiwan University Hospital

The undersigned, who is unable to apply for X-ray image data copies at National Taiwan University Hospital in person, hereby authorizes (Mr./Ms./organization) _____, ID No.: _____, to apply for the aforementioned data in the name of the undersigned. The undersigned agrees that the agent acts on behalf of the undersigned and accepts full responsibility for the agent's conduct.

Name: _____ (signature) ID No.: _____

Relation to the agent: _____