

# Hualien Armed Forces General Hospital

## Power of Attorney of

## Case History Information Application

To:

Hualien Armed Forces General Hospital

Date:

The undersigned, \_\_\_\_\_ due to  job   
going abroad  getting sick  far distance  others,  
cannot apply for the Diagnosis Certificate personally, and  
hereby authorizes Mr./Miss \_\_\_\_\_ to act in  
his/her behalf.

Consignor's signature and seal:

Chart No.:

Id. No.:

Address:

Telephone No.:

Agent's signature and seal:

Relationship:

Id. No.:

Address:

Telephone No.:

※Both consignor's and agent's photocopies of front and back of ID  
Card shall be enclosed.