

Department of Health, Taipei City Government
Application for mediation in medical dispute (Patient Use)

Name of applicant				relationship with patient	<input type="checkbox"/> I <input type="checkbox"/> successors <input type="checkbox"/> others 其他 _____
gender		Birthday (yy/mm/dd)		Identification no.	
legal representative Designated representative				Identification no.	
Contact number				Mailing address	
Name of patient				Identification no.	
Gender		Birthday (yy/mm/dd)		Applicant is not the patient, it's request condition	<input type="checkbox"/> part of successors apply for <input type="checkbox"/> all successors apply for <input type="checkbox"/> other rights in accordance with _____
Counterpart offeree (name of medical institution)				Unified Business No.	
Address of office					
name of medical staff involved in the medical dispute					
Period when medical dispute occurs					
Main points of medical dispute (including reasons)					
Concrete appeal					
Attached data by the applicant	<input type="checkbox"/> medical certificate <input type="checkbox"/> copy of medical record <input type="checkbox"/> Medical Expense Details <input type="checkbox"/> X ray, related testing data <input type="checkbox"/> detailed medicine taken <input type="checkbox"/> power of attorney <input type="checkbox"/> identification certificate <input type="checkbox"/> others _____				

Applicant : _____ **sign & seal** _____ **applied date:** _____

* The process of mediation in medical care is not public. It is ban to do the sound recording, video recording or photo taking.

Department of Health, Taipei City Government
Application for mediation in medical dispute (supplementary description)

Main points of
medical
dispute
(including
reasons)

Applicants

sign & seal

applied date

yy

mm

dd

Power of Attorney (Patient use)

Client _____ fully designate _____ to
communicate with _____ medical staff of
_____ medical institutions in the
mediation of medical dispute. The power of attorney is
evidence

To Department of Health, Taipei City Government

Client sign & seal :

Identification no. :

Designated individual seal :

Identification no. :

Applied Date: YY MM DD