



SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA KARACHI

APPLICATION FORM FOR COPY OF DECEASED/PATIENT RECORD

Date

Patient / Deceased Medical Record No.*

Patient / Deceased Name.*

Purpose of Patient / Deceased Record Needed*

Applicant Full Name

Applicant Relationship with Patient / Deceased

Applicant Contact No

Applicant CNIC No.

Signature Of Patient (If required)

Signature Of Applicant

Please Note:

1. Only immediate family member (in person) is authorized to submit the application form or collect the Patient / Deceased Record.
2. A copy of National Identity Card of both the Patient / Deceased & Attendant and Copy of ER Slip (Emergency Slip) along with Application Form.