

Request for Prescription Proxy

Proxy (Recipient)	Name	Phone No.
	Date of Birth	Relationship to Patient
	Address	
Patient	Name	Phone No.
	Date of Birth	
	Address	
Reason for Proxy		
<p>The above mentioned entity requests for a prescription proxy under article 17 clause 2 of 2 and article 11 clause 1 of 2 of the [medical law].</p> <p style="text-align: right;">YYYY / MM / DD _____ / _____ / _____</p> <p style="text-align: right;">(Signature or Stamp)</p> <p style="text-align: center;">Patient or Proxy (Recipient)</p>		
<p>1. If a different entity aside from the patient or the proxy receives the prescription, you may be fined a penalty of 5,000,000 KRW in enforcement of article 90 and article 17 clause 2 of 2 of the medical law.</p> <p>2. The proxy must present the following documents.</p> <p style="margin-left: 20px;">a. The proxy's identification or copy of identification</p> <p style="margin-left: 20px;">b. Any documents below that offers proof of the relationship between the patient and the proxy</p> <p style="margin-left: 40px;">1) Lineal ascendants or descendants, spouse of lineal descendant, spouse, spouse's lineal ascendants, siblings : Familial certificate, Alien Registration or any document providing familial relationship with the patient.</p> <p style="margin-left: 40px;">2) Elderly Welfare Act a person employed at an Elderly Healthcare Facility under Article 34 : Document of Employment</p> <p style="margin-left: 20px;">c. The patient's identification or copy of identification. However, this does not include minors under the age of 17 whom do not own an identification card under article 24 clause 1 of the Residents Registration Law.</p>		