

# 海外遠隔医療相談 委任状

## Power of Attorney for Overseas Remote Second Opinion

私は、九州大学病院において、海外遠隔医療相談を受ける予定です。

I am scheduled to receive the Overseas Remote Second Opinion from Kyushu University Hospital experts.

海外遠隔医療相談予定日

Scheduled date of the Overseas Remote Second Opinion: \_\_\_\_\_ 年 year \_\_\_\_\_ 月 month \_\_\_\_\_ 日 date

ただし、私自身が海外遠隔医療相談に参加できないため、九州大学病院の海外遠隔医療相談参加者の要件に従い、下記の二親等以内の親族か配偶者（またはパートナー）、または母国の患者指定医師を代理人とし、海外遠隔医療相談への参加、および相談中の質疑応答を含む一切の内容について、委任します。

However, as I am unable to participate in the Overseas Remote Second Opinion myself, I hereby authorize the following relative within the second degree of kinship or the spouse (or a partner), or the patient's designated physician in their home country to act as my representative to participate in the Overseas Remote Second Opinion and to handle all details including questions and answers during the program, in accordance with the requirements for Overseas Remote Second Opinion participants at Kyushu University Hospital.

\_\_\_\_\_  
年 year 月 month 日 date

同意者（患者本人）Patient (him/herself): \_\_\_\_\_  
(自筆署名 Signature)

代理人 Representative: \_\_\_\_\_

患者との間柄 Relationship to the patient: \_\_\_\_\_

上述の件を受任しました。I hereby acknowledge and accept above.

\_\_\_\_\_  
年 year 月 month 日 date

代理人 Representative: \_\_\_\_\_  
(自筆署名 Signature)