

Authorisation for Collection of Medical Report (Form B)

This application for release of medical information is made to the institution of the National University Health System Pte. Ltd ("NUHS")

group indicated below (the "Institution"). Please choose only one institution.

- Alexandra Hospital
 National University Hospital
 Ng Teng Fong General Hospital
 Jurong Medical Centre
 Jurong Community Hospital

The medical information released will only be for the Institution indicated, and the release of the medical information is subject to the approval of the Institution.

Note: This form is required if a representative is collecting the completed medical report on behalf of the applicant of "Release of Medical Information" form.

Letter of Authorisation

I, (patient's name) _____ (patient's NRIC) _____ hereby appoint (applicant's name) _____ (applicant's NRIC) _____ as my representative, and authorise him / her* to collect the medical report.

I am aware that he/ she* is required to produce the following documents on day of collection:

- This signed letter of authorisation letter
- His/ her NRIC (for verification only)
- My NRIC (for verification only)

Applicant's Signature

Date:

Patient's Signature

Date:

For Staff:

Released by / Signature

Date: