



- Admiralty Medical Centre
 Khoo Teck Puat Hospital
 Yishun Community Hospital

Authorisation for Collection of Medical Records / Report

I, (applicant's name) _____ (applicant's NRIC) _____
 _____ hereby appoint (representative's name) _____
 _____ (representative's NRIC) _____ as
 my representative, and authorise him / her to collect the medical records / report when it is ready.

I am aware that he / she is required to produce the following documents, for retention, upon collection:

- This signed letter of authorisation letter
- A copy of his / her NRIC (front and back views)
- A copy of my NRIC (front and back views)

Applicant's Signature & Date: _____

Note:

This form / letter may be used if a representative is collecting the medical records / reports on behalf of the applicant who endorsed on the "Consent for Release of Medical Information".