

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Important Instructions:

1. This form must be fully completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parent / guardian.
2. If the patient is deceased or unable to give consent, consent is required from the appointed representative of the estate / parent / spouse. Where applicable, the **"Consent for Release of Medical Information by all children / siblings"** form must be filled up. A copy of patient's death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. Patient has to enclose a photocopy of own NRIC (front & back view) if submitting via mail and fax.
5. Completed form must be submitted with appropriate fee.
6. The release of the medical information is subject to official approval.

Note: For payment by cheque, it should be crossed and made payable 'Alexandra Health Pte. Ltd.' Kindly indicate your name, NRIC / FIN number and contact number at the back of the cheque.

PATIENT'S PARTICULARS (Must complete ALL items)

Patient's Name: _____ NRIC / HRN: _____

Address: _____ Contact No: _____

Period of Clinic Visits / Admission in KTPH: _____ Medical Specialty: _____

CONSENT (Must complete ALL items)

I, _____ NRIC No. _____ hereby give consent to the release of medical information on:

Myself My Dependent (Please specify Relationship): _____

To Name of Person or Company (where applicable): _____

Address of Person or Company: _____

Besides the medical report fee, I undertake to pay any additional charges such as x-ray or laboratory investigation charges and assessment fees which may be incurred in the preparation of the report.

I am aware that an administrative charge (1/3 of the cost of medical report) will be imposed if a cancellation request is made while the medical report is being processed. Cancellation is not allowed if doctor has already prepared the report.

Signature of Patient/Date

Signature of Parent / Guardian /
Next-of-Kin /Administrator of estate/Date
(Refer to the above stated instructions 1 & 2)

Relationship to Patient

PREFERRED MODE OF COLLECTION (Please tick as relevant)

- I will personally collect the report once it is ready. Contact no: _____
- Post to my address (**Note:** A fee of \$10 for overseas post is applicable). (Code MN0135).
- The reports will be collected by my representative. I am aware that an authorisation letter with the representative's name & NRIC No and a copy of my NRIC has to be furnished upon collection.
- Post to the address of the person or company as stated above. (**Note:** A fee of \$10 for overseas post is applicable). (Code MN0135).

Not sure of which type of report to apply? Refer to Sections A & B.

1. For Legal purpose – Ordinary Medical Report or Specialist Medical Report? Please check with your legal advisor.
2. Report by Psychiatrist - Simple Report or Complex Report? – Medical Record Officer will advise final charge after consulting with psychiatrist.

Section A: PURPOSE OF REQUEST (Please tick as relevant)

Insurance

- Claim on self / group policy
- Against 3rd party (apply code MN0045)
- New Insurance Application (apply code MN0045)

Legal Purpose

- Court Hearing
- Against 3rd party
- Estate-appointment proceeding for Dementia Patient

Continuity of Care

- Self-referral to another doctor

For Ministry of Manpower

- Work Injury Compensation
- Work Injury Compensation Investigation (apply code MN0045)

Others

- New CPF's MediShield Application (apply code MN0045)
- Personal Record
- SAF – NS Enlistment, Downgrading (apply code MN0045)
- Application for claim of Handicapped-Related Tax Reliefs, Pioneer Generation Disability Assistance Scheme (apply code MN0212)
- Others (Please specify): _____
(Requestor to provide form, if any).

Section B: TYPES OF REPORT (Please tick as relevant)

** Requestor to provide forms*

- Detailed Insurance Form by doctor * (code MN0044) - \$80.00
- Permanent Disability Claim Form * (code MN0222) - \$160.00
- Insurance Form by Medical Records Office * (code MN0043) - \$20.35
- Ordinary Medical Report (code MN0045) - \$80.00
- Specialist Medical Report (code MN0046) - \$160.00
- Mental Capacity Act Medical Report * (code MN0223) - \$430.00
- CPF – Medical Certification * (code MN0224) – \$80.00
- LPA: Lasting Power of Attorney Certificate * (code MN0225) - \$200.00
- Therapy Report (code MN0226) - \$80.00
- Functional Assessment Report * (code MN0212) - \$37.45
- Disability & Mobility Report - Car-park Label for the Handicapped * (code MN0228)- \$21.40

- Work Injury Compensation Initial Assessment Report * (code MN0047) - \$80.00
- Work Injury Compensation Reassessment Report * (code MN0056) - \$80.00
- Work Injury Compensation Medical Board Report * (code MN0048) - \$357.00
- Second Opinion Report (code MN0049) – \$375.00

Reports by Psychiatrist

- Specialist Medical Report (Simple) (code MN0149) - \$200.00
- Specialist Medical Report (Complex) (code MN0150) - \$450.00
- Work Injury Compensation Initial Assessment Report * (code MN0151) - \$160.00
- Forensic Report (Simple) (code MN0152) - \$1,200.00
- Forensic Report (Complex) (code MN0154) - \$3,000.00

Specific Request for a copy of

- Referral Letter (No charge)
- Discharge Summary (No charge)
- Duplication of Investigation Result (code MN0059) - \$5.05 per copy

For Your Information

1. **Ordinary Medical Report** – this is a factual report based on available medical information of the patient.
2. **Specialist Medical Report** – this is a report which required an opinion with regards to prognosis and disability of the patient.
3. **Second Opinion Report** – for non-KTPH patient but who wish to seek an opinion from our specialist.
4. **Above fees applied for each form and for each medical specialty.**