



- Khoo Teck Puat Hospital
- Yishun Community Hospital
- Admiralty Medical Centre

### **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".*