

AUTHORISATION FOR COLLECTION/ APPLICATION OF MEDICAL REPORT

Note

This form is required if a representative is collecting the completed medical report on behalf of the applicant of "Medical Report Consent and Application" form.

Representative's relationship to the patient: _____

Representative's contact no.: _____

Letter of Authorisation

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

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

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

Representative's Signature & Date

Patient's Signature & Date

For authorisation for application of medical report:

- Representative has enclosed scanned copies / photocopies of all relevant documents (e.g. Birth Certificate, Marriage Certificate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy) as proof of the representative's relationship to patient.

- Address of representative if "Preferred Mode of Delivery" is by mail: _____

*Delete/select as appropriate