

# MEDICAL REPORT CONSENT AND APPLICATION

## Instructions

1. This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's estate administrator(s) kin (if patient is deceased), and be duly witnessed.
2. 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. This form is to be submitted with the appropriate report fee. Please note that there will be **no refund** upon cancellation once payment has been made. Upon cancellation, the medical report will still be prepared and made available for collection.
3. The release of the medical report is subject to official approval.

### Patient's Particulars

Given Name (As in \*NRIC / Passport): \_\_\_\_\_ NRIC No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Clinic Attendance: \_\_\_\_\_  
 (for which this application for medical information is to cover) \_\_\_\_\_ Polyclinic: \_\_\_\_\_

### Declaration

I, \_\_\_\_\_ NRIC/Clinic Registration No. \_\_\_\_\_ hereby authorize National University Polyclinics to furnish and release the chosen report below

- |  |   |
|--|---|
| <input type="checkbox"/> Ordinary Medical Report   | <input type="checkbox"/> Duplicate Copy of Medical Report |
| <input type="checkbox"/> Completion of Insurance Form (please attach a copy of insurance claim or insurance proposal form) | <input type="checkbox"/> Memo                             |
|  | <input type="checkbox"/> Others (please specify): _____   |

FOR:  Myself  My Dependent  
 (please specify relationship): \_\_\_\_\_

TO: Name of Company or Person: \_\_\_\_\_  
 Address of Company or Person: \_\_\_\_\_  
 \_\_\_\_\_

FOR THE PURPOSE OF: \_\_\_\_\_

Besides the medical report fee, I agree to pay for any additional charges such as X-ray and Laboratory Investigation Charges which may be incurred in the preparation of the medical report

Preferred Mode of Delivery:

- Self-collect:** I will personally collect the report once it is ready. **I am aware that I will need to furnish my NRIC upon collection and that the medical report cannot be released if I am unable to do so.**
- Collected by Representative:** The report(s) will be collected by my representative. **I am aware that I have to produce the required documents required on the day of collection** and that the medical report cannot be released if I am unable to do so. Please complete "Authorisation for Collection/Application of Medical Report" form.
- Mail:** Send to the address of Patient/ Representative\* (Delete accordingly) as indicated by Normal / Local registered mail/ courier\*^ (Delete accordingly)

\_\_\_\_\_  
 Signature of Patient/Parent/Next-of-kin

\_\_\_\_\_  
 Name (in block letters):

\_\_\_\_\_  
 Relation to patient:

\*Delete as appropriate

^Additional charges may apply for sending of report through local registered mail/courier