KWONG WAI SHIU HOSPITAL
廣惠肇留醫院
Since 1910

FORM B - APPLICATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION ON BEHALF OF PATIENT

INSTRUCTIONS

1. This form is required for requestor who is applying on behalf of a deceased patient or patient below 21yrs old.
2. The requester must be the Patient's parents / spouse / children / siblings or legally appointed representatives such as appointed Donee under Lasting Power of Attorney (LPA).
3. Provide scanned or photocopied copies of relevant documents (e.g. birth certificate, marriage certificates, the patient's NRIC (front and back), death certificate, etc.) are to be attached as proof of relationship.
4. Submit the completed form with a fee of $165.30 (including GST).
5. KWSH can only process your application upon verification and receipt of all necessary forms, supporting documents and payment.
6. The processing time for medical information is approximately three weeks from the date of receiving the completed forms and payment.
7. The release of the medical information is subject to official approval by KWSH.
8. A refund will be issued if the medical information cannot be released by KWSH.
9. No refund will be provided upon cancellation of the application.

PATIENT'S PARTICULARS

Given Name (As in *NRIC/Passport): _____ NRIC No.: _____

Service Type: ☐ Nursing Home ☐ TCM ☐ SCC

REQUESTOR'S PARTICULARS

Given Name (As in *NRIC/Passport): _____ NRIC No.: _____

Contact Number: _____

☐	I undertake to pay the amount of $163.50 to KWSH for the medical information.

PREFERRED MODE OF COLLECTION

Once the medical information is ready,

☐	I would like the information/report to be emailed to my email address at _____
☐	I will personally collect the information/report once it is ready. I am aware that I will need to furnish my NRIC upon collection and the medical information/report cannot be released if I am unable to do so.
☐	I would like the information/report to be mailed to my address at _____ _____

PAYMENT AND SUBMISSION

PAYMENT METHOD:

- Please scan the PayNow QR code provided to make payment of **$163.50** to KWSH.
- Indicate "MRO-[insert surname of applicant]" as your Bill Reference number, eg., "MRO-Lim".
- Alternatively, PayNow to KWSH UEN 201615448C.

SUBMISSION OF FORMS & SUPPORTING DOCUMENTS:

By Post:
Attention: Medical Record Office
Kwong Wai Shiu Hospital
705 Serangoon Road
Singapore 328127

By Email:
MROAdmin@kwsh.org.sg

CONSENT AND AGREEMENT

I consent to KWSH releasing the requested medical information/report. I confirm that I have read and understood the "Instructions" section in Form A and have provided true copies of the relevant verification documents required for the release of the medical information.

I agree that KWSH shall not be liable for any omissions, false, or incorrect information provided under this application, and I will indemnify KWSH for any claims arising from this application. I confirm that the address I have provided is correct.

I acknowledge and agree that if I have requested the medical information/report to be delivered by post, KWSH will not be responsible for any loss, non-delivery, inadvertent disclosure to wrong recipients, unauthorized access, or use of my medical information during delivery caused by a third party.

_____

Signature of Patient/Applicant

Date: