

FORM C – AUTHORISATION FOR COLLECTION OF MEDICAL REPORT

INSTRUCTIONS

1. This form is exclusively for the release of medical information/report requested by KWSH patients.
2. The release of medical information/report is contingent upon official approval from KWSH.
3. If a third party is collecting medical information/report on behalf of the patient or requester, they must complete this form and present it to KWSH on the day of collection.
4. KWSH officer will collect this form upon the release of medical information/report.

LETTER OF AUTHORISATION

I, (patient's name as in NRIC), _____ ,
(patient's NRIC) _____, would like to appoint (nominated
individual's name as in NRIC) _____
(nominated individual's NRIC) _____, as my representative and permit this
individual to collect the medical information in person on my behalf.

I am aware that on the day of collection, the following documents are required:

- a. The completed & signed Letter of Authorisation (this Form)
- b. Nominated individual's NRIC (solely for verification purpose)

Signature of Patient & Date

Signature of Nominated Individual
& Date