



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 next-of-kin (if patient is deceased), and be duly witnessed.
2. This form is to be submitted with the appropriate report fee.
3. The release of the medical report is subject to official approval.

Medical Director

.....

Singapore

I, NRIC No.
(Name)

of
(Address)

hereby authorise you to furnish
(Name)

of
(Address)

with a medical report on NRIC/Clinic Registration No.*
(Name of patient)

who was treated at the clinic as a patient

from to

The medical report is required for the purpose(s) specified below :

.....
.....
.....
.....

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

.....
Signature of Patient/Parent/Next-of-kin

Name (in block letters):
Relation to patient:

Duly Witnessed By :

.....
Signature

Name (in block letters):

NRIC No. Address:

* Delete as appropriate