

## Authorisation for Collection of Medical Report (Form B)

This application for release of medical information is made to the institution of the National University Health System Pte. Ltd (“**NUHS**”) group indicated below (the “**Institution**”). Please choose only one institution.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alexandra Hospital    | <input type="checkbox"/> National University Hospital | <input type="checkbox"/> Ng Teng Fong General Hospital |
| <input type="checkbox"/> Jurong Medical Centre | <input type="checkbox"/> Jurong Community Hospital    |  |

The medical information released will only be for the Institution indicated, and the release of the medical information is subject to the approval of the Institution.

Note: This form is required if a representative is collecting the completed medical report on behalf of the applicant of “**Release of Medical Information**” form.

### Letter of Authorisation

I, (patient’s name) \_\_\_\_\_ (patient’s NRIC) \_\_\_\_\_ hereby appoint (applicant’s name) \_\_\_\_\_ (applicant’s NRIC) \_\_\_\_\_ as my representative, and authorise him / her\* to collect the medical report.

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

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

\_\_\_\_\_  
Applicant’s Signature

Date:

\_\_\_\_\_  
Patient’s Signature

Date:

For Staff:

\_\_\_\_\_  
Released by / Signature

Date: