



- Admiralty Medical Centre
- Khoo Teck Puat Hospital
- Yishun Community Hospital

Authorisation for Collection of Medical Records / Report

I, (applicant's name) _____ (applicant's NRIC)
_____ hereby appoint (representative's name)
_____ (representative's NRIC) _____ as
my representative, and authorise him / her to collect the medical records / report when it is
ready.

I am aware that he / she is required to produce the following documents upon collection:

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

Applicant's Signature & Date: _____

Note:

This form / letter may be used if a representative is collecting the medical records / reports on behalf of the applicant who endorsed on the "Consent for Release of Medical Information".