

MEDICAL REPORT CONSENT AND APPLICATION

Instructions

1. Please complete the application to request for 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 estate administrator(s), next-of-kin (if patient is deceased) and be duly witnessed by at least one independent party.
2. Photocopies of relevant documents (e.g., patient's identity card, passport if patient is a foreigner, marriage certificate, birth certificate, letters of administration such as Grant of Probate or Lasting Power of Attorney) are to be attached as proof of relationship to patient if applicable.
3. There is a medical report fee for each request. Please pay the appropriate fee at the clinic or via Bank Transfer to UEN 202113244D. Do note that there will be no refund upon cancellation once payment has been made.
4. The release of the medical report is subject to official approval.

Patient's Particulars

Given name (as in NRIC / FIN / Passport No.): _____

NRIC / FIN / Passport Number: _____

Residential Address in Singapore: _____

Date of Clinic Attendance: _____
(for which this application for medical information is to cover)

Declaration

I, _____ (Given Name), _____ (NRIC/ FIN / Passport No.) hereby authorise A Healing Heart Medical Clinic to furnish and release the chosen report below:

- | | |
|---|---|
| <input type="checkbox"/> Medical Report | <input type="checkbox"/> Duplicate copy of Medical Report |
| <input type="checkbox"/> Completion of Insurance Form
(Please attach a copy of insurance claim or insurance proposal form) | <input type="checkbox"/> Medical Memo |
| | <input type="checkbox"/> Others (please specify): _____ |

The report is for:

- | | |
|---|--|
| <input type="checkbox"/> Myself | <input type="checkbox"/> My dependent (name and relationship): _____ |
| <input type="checkbox"/> Name of Company or Person
(Third party) _____ | _____ |

The purpose of this medical report: _____

Besides the medical report fee, I agree to pay for any additional charges such as X-ray and Laboratory Investigation, which may incur in the preparation of the medical report.

Preferred Mode of Delivery:

- ☐ Self-collect: I will personally collect the report once it is ready. I am aware that I will need to furnish my identification card upon collection.
- ☐ Collect by representative: The medical report(s) will be collected by my representative. I am aware that I will need to provide my representative with the necessary authorisation letter in writing to collect on my behalf.

Representative Name and NRIC/FIN/Passport No.:

Signature(s) of Patient and Representative

Date: _____

Relation to patient: _____