

CONSENT FOR RELEASE OF MEDICAL/ MENTAL HEALTH INFORMATION**PATIENT'S PARTICULARS**

Given Name (as in NRIC/Passport): Jin Jian
NRIC / PASSPORT/ FIN No: G1423872M Matric / Staff No: A0148047A
Mailing Address: Wuhan, Hubei, China 芳草路观澜御苑4-1201

REQUEST

I, Jin Jian NRIC / PASSPORT/ FIN No: G1423872M
authorise University Health Centre (Health Service / Counselling & Psychological Services) to
release to Jin Jian
(Name and Address of Person/Organization)
information from the medical/ mental health records maintained while I my child/my legal ward/my next-of-
kin was treated at the University Health Centre.

***Notes applicable to Health Service only:**

1. This form must be duly completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parent.
2. The release of medical information is subject to official approval.

The information is needed for the following purpose(s):

- ☐ Continuity of care
☐ Insurance claims
☐ Second opinion
☒ Others

dealing matters with MOE

Besides the medical report fee, I undertake to pay any additional charges such as x-ray and laboratory investigation which may be incurred in the preparation of the medical report.

Jin Jian

Signature of patient/Parent/Next-of-kin

myself

Relationship to Patient

JIN JIAN

Name (IN BLOCK LETTERS)

2021.4.18

Date