

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

This a	pplication for release of medical informa	tion is mad	le to the institution of	the National Unive	ersity Health Sy	stem Pte. Ltd (" <b>NUHS</b> ")
group	indicated below (the "Institution"). Plea	se choose	only <u>one</u> institution.			
	Alexandra Hospital		National University	/ Hospital		Ng Teng Fong General Hospital
	Jurong Medical Centre		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						
<b>I,</b> (pa	atient's name)		(	patient's NRIC) _		hereby appoint (applicant's
name	e)		(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)						
Αp	plicant's Signature					
Da						
Da	i <del>c</del> .					
Pa	tient's Signature					
Da	te:					
Ear	Staff:					
01	otan.					
	loased by / Signature					
	leased by / Signature					
Da	ie:					

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