A HEALING HEART MEDICAL CLINIC

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 (an adult).
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) must be attached as proof of relationship to patient if applicable for identification purposes.
3. There is a medical report fee for each request. The amount depends on the chosen report and will be determined by the clinic. 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: _____

Email address: _____

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:

☐ Ordinary Medical Report

☐ Completion of Insurance Form
(Please attach a copy of insurance claim or insurance proposal form)

☐ Detailed Medical Report

☐ Duplicate copy of (please specify): _____

☐ Others (please specify): _____

The report is for:

☐ Myself

☐ Name of Company or Person
(Third party) _____

☐ My dependent (name and relationship): _____

_____

The purpose of this medical report: _____

I understand and agree that I will need to pay <u>additional charges</u> for investigations such as X-ray and Laboratory in preparation of the medical report when applicable.

Choose <u>One</u> 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, and check that the content contains the correct name and identity card number.

☐ 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.

☐ Receive a digital copy via email: The medical report(s) will be emailed to me. I am aware that I have provided the correct email address and that I have written legibly on this form.

Witness/Representative Name and NRIC/FIN/Passport No.:

_____ _____

Signature(s) of Patient and Witness/Representative

Relation to patient: _____

Date: _____

(This consent is valid for 6 months from this date.)