

Authorisation for Collection of Medical Report (Form B)

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

I, (patient's name) _____ (patient's NRIC) _____ hereby appoint
(applicant's name) _____ (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)

Applicant's Signature

Date:

Patient's Signature

Date:

For NUH Staff:

Released by / Signature

Date: