



CONSENT FOR RELEASE OF MEDICAL INFORMATION

Instructions

- 1 This form must be fully completed and should be signed by the patient. If patient is below the age of 21 years old, the form should be signed by patient's parent or legal guardian
- 2 If patient is deceased or lacks the mental capacity, consent from the Legally Appointed Representative is required.
- 3 The patient has to enclose a photocopy of own NRIC (front and back) if submitting via post or email
- 4 The completed form must be submitted with appropriate fee. For payment by cheque, it should be crossed and made payable to "National Skin Centre (S) Pte Ltd "
- 5 The release of medical information is subject to official approval by National Skin Centre

PATIENT'S PARTICULARS

Name (As in NRIC / Birth Certificate / Passport) _____
NRIC / BC _____ Contact No _____
Mailing Address _____
Email address _____

REQUESTER OTHER THAN PATIENT

I, _____ NRIC No _____
hereby request National Skin Centre to furnish and release the type of medical document as stated below
Name of Requester _____ Relationship to Patient _____
Address of Requester _____

PURPOSE OF REQUEST

- Continuity of care Insurance claims Legal proceedings
 Others _____

MODE OF COLLECTION

- Personal collection at National Skin Centre. Contact Number _____
 By email _____
 By registered mail (an additional S\$3.00 shall apply) _____
Remarks _____

Type of Medical Report

- | | |
|---|---|
| <input type="checkbox"/> Medical Report (S\$91.65) | <input type="checkbox"/> Laboratory result (S\$3.05) |
| <input type="checkbox"/> Specialist Medical Report (S\$183.35) | <input type="checkbox"/> Referral letter (No charge) |
| <input type="checkbox"/> Simple Insurance Form (3 pages & below) (S\$26.45) | <input type="checkbox"/> Last visit - Consultation summary sheet (No charge) |
| <input type="checkbox"/> Insurance Form (4 pages & above) (S\$91.65) | <input type="checkbox"/> Prescription / Invoice (within 1 year: No charge;
> 1 year: 1st copy - \$3.05, Subsequent copies - \$1/ each) |
| <input type="checkbox"/> Second Opinion Specialist Report for non-patient (S\$305.60) | |
| <input type="checkbox"/> MOM Workmen's compensation objection form (S\$367.00) | |

Estimated time required for processing medical report is **30 working days** from the date of receiving the completed form and payment

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge and belief, and that the requisite information, Medical Report or Medical Information is required for the purpose stated above. I understand that I may be liable for prosecution for making a false declaration. Further, I confirm that I shall not hold National Skin Centre or any of its employees, servants or agents responsible in any way whatsoever for the release of Medical Report or Medical Information to any party by me in the event of any loss of damage arising directly or indirectly as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information.

Besides the Medical Report or Medical Information fee, I undertake to pay any additional charges such as x-ray and laboratory investigation charges which may be incurred in the preparation of the request.

Signature of Patient / Requester _____
Date