Jurong Health
Alexandra Hospital

Medical Records Office
378 Alexandra Hospital
Singapore 159964
Tel: 6379 3386 / 3545 / 3383 / 3396
Fax: 6379 3909
Email: MRO_enquiry@alexhosp.com.sg

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Note:

1. This form must be fully 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. If the patient is deceased, consent is required from the appointed representative of the estate. Where applicable, the "Consent for Release of Medical Information by all children / siblings for Estate claims" form must be filled up. A copy of patient's death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. Patient has to enclose a photocopy of own NRIC (front & back view) if submitting via mail and fax.
5. Completed form must be submitted with appropriate fee.
6. The release of the medical information is subject to official approval. Psychiatric medical reports cannot be addressed or released to patient or his/her family members.

PATIENT'S PARTICULARS

Patient's name: _____ NRIC No/ FIN No: _____

Mailing address: _____

_____

Telephone no: _____(Home), _____(Handphone)

I _____ of NRIC No/ Passport no. _____, hereby authorize Alexandra Hospital to furnish and release below stated to:

Name of person/ company: _____

Address of person/ company: _____

Please tick	Type of Report	Service code	Fee (SGD)	Attendance/ Admission date	Medical specialty
❑	Completion of insurance form or other forms by doctor	MS0003	$76.40		
❑	Ordinary Medical Report	MS0004	$76.40		
❑	Workmen Compensation Form	MS0006	$76.40		
❑	Specialist Report	MS0005	$152.85		
❑	PSY Insurance Form (Refer to Note 6)	MS2030	$152.85		
❑	PSY Simple Report (Refer to Note 6)	MS2029	$152.85		
❑	Second Opinion Report	MS0008	$254.75		
❑	Workmen Compensation Objection Form	MS0007	$357.00		
❑	Reprint of Medical Certificate issued	MS0011	$5.05		
❑	Duplication of Investigation results	MS0001	$5.05 per copy		
❑	Duplication of Discharge Summary		No charge		

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

For the purpose of:

❑ Continuity of care
❑ Insurance claims
❑ Legal purpose
❑ Others: (please specify) _____

In addition to the medical report fees, I undertake to pay any additional charges such as X-ray or laboratory charges that may be incurred in the preparation of the report.

Signature of Patient & Date	Signature of Parent/Guardian/ Next-of-kin/ Administrator of Estate/Date (Refer to Note 1 & 2)	Relationship to Patient

For collection:

❑ I will personally collect the report once it is ready. Contact no:_____
❑ Please send to the person/ company address as stated above. (A fee of $10 for overseas postage is applicable)
❑ The reports will be collected by my representative. I am aware that an authorization letter with the representative's name & NRIC No and a copy of my NRIC has to be furnished upon collection.

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