

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

**Authorisation for Application of Medical Report (Form B1)**

Notes:

- This form is required if a representative is collecting the completed medical report on behalf of the applicant of **"Release of Medical Information"** form.
- If box for 'Form B1' is selected, please take note of Point 7 on "Notes on Application for Release of Medical Information" will be applicable.

### 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  apply  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
- A copy of his/ her NRIC (front and back views)
- A copy of my NRIC (front and back views)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Applicable to Form B1 only

I have enclosed scanned copies / photocopies of all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy) as proof of the applicant's relationship to patient.

"Preferred Mode of Delivery": Normal Mail

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_