



Health Information Services (MRO)
 Tan Tock Seng Hospital
 Atrium Block Level 2,
 11 Jalan Tan Tock Seng
 Singapore 308433
 Tel: 6357 8448
 Email: hisadmin@ttsh.com.sg

AUTHORIZATION FOR COLLECTION OF MEDICAL REPORT (Form C)

Notes:

1. This application form is solely for the purpose of releasing the medical report requested from TTSH Health Information Services (HIS).
2. The medical information released is subject to the approval of TTSH.
3. If a third party is collecting the medical report on behalf of the patient/requestor, they must complete this form.

LETTER OF AUTHORIZATION

I, (patient's name as in *NRIC/Passport) _____,
 (patient's NRIC) _____, will like to appoint (nominated individual's name as in
 *NRIC/Passport) _____, (nominated individual's
 NRIC) _____, as my representative and permit this individual to collect the
 medical report on my behalf.

I am aware that on the day of collection, the following documents are required:

- The completed & signed Letter of Authorization (this Form)
- Nominated individual's NRIC (solely for verification purpose)

 Signature of Patient & Date

 Signature of Nominated
 Individual & Date

 Name of Staff Released by
(For TTSH's Purpose)

 Signature of Staff & Date of
 Release
(For TTSH's Purpose)