

CONSENT / AUTHORISATION FORM
(FOR COMPLAINT RELATING TO DECEASED PATIENT)

SECTION 1: CONSENT (compulsory)

I, _____, NRIC / Passport No. _____, residing at _____, confirm that I am the appointed executor / administrator of the estate / immediate next-of-kin of the patient (deceased) Mr / Ms / Mrs _____ (NRIC / Passport No. _____) whose last address was _____.

I hereby give my consent to the Singapore Medical Association, Chairman of Medical Board of Hospital _____, and the doctor(s) mentioned in my letter dated _____ for the release all relevant information and documents pertaining to the consultation and treatment of the patient (deceased).

FOR OFFICIAL USE: This consent is given for the purpose of investigating Case No: _____

SECTION 2: AUTHORISATION (if applicable)

I further consent that all relevant information and documents of the consultation and treatment to be released to _____ of NRIC / Passport No _____, residing at _____, who is hereby duly authorised to act on my behalf in this case.

SECTION 3: SIGNATORIES (compulsory)

Signature of Appointed Executor / Next-of-kin:

Signature of Witness:

Note: The witness should be someone who is not related to the authorised representative.

Name:

Name:

NRIC / Passport No:

NRIC / Passport No:

Relationship to deceased:

Date:

Date:

SECTION 4: CONFIRMATION OF INTERPRETATION TO APPOINTED EXECUTOR / NEXT-OF-KIN
(if applicable)

If the appointed executor / next-of-kin does not read/understand English, it is the responsibility of the person who is authorised by him/her to ensure that the content of this consent form has been duly explained to him/her before he/she signs the form.

* The appointed executor / next-of-kin does not read or understand English.

* I confirm that I understand the content of the form and I have interpreted and explained the content of this form to the appointed executor / next-of-kin so that he/she clearly understood what it meant before signing it.

Signature of the Interpreter:

Name:

NRIC No:

Date: