

CONSENT / AUTHORISATION FORM

SECTION 1: CONSENT (compulsory)

I, _____, NRIC / Passport No. _____, residing at

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

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: SIGNATURES OF PATIENT AND WITNESS (compulsory)

Signature of Patient:

Signature of Witness:

Note: If the person who is authorised to act for the patient, interprets the form (see Section 4), the witness will have to be a third person.

Name:

Name:

NRIC No:

NRIC No:

Date:

Date:

SECTION 4: CONFIRMATION OF INTERPRETATION TO PATIENT (if applicable)

If the patient 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 patient 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 patient so that he/she clearly understood what it meant before signing it.

Signature of the Interpreter:

Name:

NRIC No:

Date: