ISLAND HOSPITAL

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CONSENT FOR RELEASE OF INFORMATION

Please ☑ where applicable

1. Requester Information

Name of Requester: _____

Relationship with Patient: _____

☐ Identity Card No.: _____ ☐ Passport No.: _____

House Tel. No.: _____ Mobile No.: _____

Address of Requester: _____

_____

2. Patient / Deceased Information

_____ _____ _____

Name: Registration Number NRIC / Passport Number

Gender: ☐ Male ☐ Female

3. Report Requested For :

☐ Hospitalisation Claim Report ☐ Full Medical Report ☐ Investigation Report ☐ Medical Photographs

☐ Other Reports, please specify : _____

4. Patient / Next of Kin's Consent for Release of Reports

I hereby authorise Island Hospital to release the Medical Record / Information of self / patient / deceased as stated in section two **(2)** to the requester as stated in section one **(1)**.
In consideration of the above, I hereby undertake to indemnify Island Hospital against any loss or liability in the event of any claims whatsoever arising in consequences of the above.

Patient / Next of Kin		Witness	
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
Identity Card/Passport No.:	_____	Identity Card /Passport No.:	_____
Date:	_____	Date:	_____