

## RELEASE OF MEDICAL RECORD SUMMARY REPORT

SOS MEDIKA, the medical assistance provider acting on your behalf, kindly requests you to complete and signed the following Request Form for the release of medical information for you.

### REQUEST

I, \_\_\_\_\_ hereby request the representative of SOS MEDIKA, to release a summary report of my relevant clinical record, report or results.

Reason for this request:

\_\_\_\_\_

Signature of patient:

Date

Contact number:

\_\_\_\_\_

Signature of Area Medical Director:

Date of approval:

\_\_\_\_\_

### AUTHORIZATION

Please complete and sign the following consent form for the release of medical information to the “**nominated person**”.

Nominated : \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Signature of patient : \_\_\_\_\_

- Note:
1. record will not be released without this request form
  2. please bring an ID when picking up the medical summary report
  3. a copy or facsimile of this form shall be considered as effective and valid as the original
  4. there will be a fee for this service