

**INSTRUCTIONS**

This form must be completed and signed by the Applicant who may be the Patient or the Parent / Legal Guardian (if the patient is below 18 years of age) of the Next of Kin (if the patient is deceased) to authorise the release of report(s) by Penang Adventist Hospital.

**Note:**

It is the policy of Penang Adventist Hospital that information regarding a patient is released only in person to protect confidentiality. Request for report(s) via email / fax, the applicant then agrees and releases Penang Adventist Hospital from any risks or liability that may occur when using email / fax.

*This consent form is valid for 90 days from the signed date.*

**PATIENT'S PARTICULARS**

Name (as per NRIC / Passport) :

NRIC / Passport Number :

Hospital Number :

Period of Attendance / Admission Dates in Penang Adventist Hospital :

**DECLARATION BY PATIENT / APPLICANT**

I \_\_\_\_\_ (name as per NRIC / Passport)

NRIC / Passport Number : \_\_\_\_\_ hereby authorise Penang Adventist Hospital to release the following:

**Report(s) (Please indicate)** medical report / discharge summary / laboratory report / imaging or x-ray report / insurance form / other (please specify) \_\_\_\_\_

**For the purpose of (Please indicate)** continuity of care / insurance matters / legal proceedings / others (please specify) \_\_\_\_\_

**Report(s) would be given (Please indicate)** by hand / via email / via fax / through mail.

**To the (Please indicate)** myself / following person / agent / company / healthcare facility / others (please specify) \_\_\_\_\_

Name (as per NRIC / Passport) : \_\_\_\_\_

NRIC / Passport Number : \_\_\_\_\_

Relationship to patient : \_\_\_\_\_

Contact Number and/or Email Address : \_\_\_\_\_

Patient Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**REPORT / DOCUMENT COLLECTED BY (APPLICANT OR ASSIGNED PERSON-as above):**

Name (as per NRIC / Passport) : \_\_\_\_\_

NRIC / Passport Number : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**REPORT / DOCUMENT RELEASED BY (HOSPITAL USE ONLY):**

Name (as per NRIC / Passport) : \_\_\_\_\_

Employee Number : \_\_\_\_\_ Signature : \_\_\_\_\_

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PENANG ADVENTIST HOSPITAL

**CONSENT TO RELEASE INVESTIGATION /  
MEDICAL REPORTS**

PATIENT'S LABEL