

Request for Medical Information

Dear Patient

How to request?

If you require medical information, you can complete the Clinical Abstract Application Form overleaf and send it to:

**Medical Reports Unit
Medical Records Office
National Heart Centre of Singapore Pte Ltd
5 Hospital Drive
Singapore 169609**

Alternatively, you may wish to come personally to **National Heart Centre of Singapore Pte Ltd.**

*** Please note that application submitted via email or other electronic means without the patient's signed consent will not be accepted.**

Operation hours:

8.00am to 5.00pm – Monday to Friday

8.30am to 12pm – Saturday

Closed on Sunday and Public Holidays

Who can request?

- Patient who has attained the age of 21 years.
- Patient who is below 21 years old, with the consent of a parent/ legal guardian.
- Interested parties, with the consent of the patient.
- If patient is deceased, a copy of the patient's death certificate, supporting documents on proof of relationship and the consent of the patient's spouse/ Grant of Administration are required.

Fees

- | | |
|--|---------|
| ▪ Completion of Simple Insurance Form by medical records staff | \$42.91 |
| ▪ Ordinary Medical Report / Completion of Insurance Form by doctor | \$100 |
| ▪ Specialist Medical Report | \$200 |

Payment can be made in cash, credit card or through NETS at the Medical Reports Unit. Cheques should be crossed and made payable to "**National Heart Centre of Singapore Pte Ltd**".

Mail-in

Please mail the appropriate medical report fees together with the completed Clinical Abstract Application Form.

Call us

For further enquiries or clarification, please call us at Tel: 6704 2322 or fax to us at 6844 9055.

MEDICAL REPORTS UNIT
MEDICAL RECORDS OFFICE

CLINICAL ABSTRACT APPLICATION FORM

This form may take you 10 minutes to complete.

Instructions

1. This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's spouse/parent (whichever relevant, if the patient is deceased). Patient's consent is required for medical enquiry and release of medical information.
2. This form is to be submitted with the appropriate report fee.
3. The release of the medical report is subject to official approval.

Date of application : _____

☐ **I. APPLICATION BY PATIENT**

Name: _____

NRIC No./HRN: _____

Address: _____

Note: Applicable only if the patient is below 21 years of age or requestor has a legally recognized Grant of Administration. Please enclose a copy of supporting document(s) on proof of relationship to the patient.

☐ **II. APPLICATION ON THE BEHALF OF PATIENT**

I, _____,
(Full name)

NRIC No./HRN _____,

_____ of patient.
(Relationship)

I, _____ authorise you to furnish _____ of
(Name) (Name)

_____ with a/an
(Address)

☐ Ordinary Medical Report ☐ Insurance Form

☐ Specialist Medical Report ☐ Others _____

on _____ NRIC / Hospital Registration No. (HRN) _____
(Name of patient)

who was treated at the Hospital as a patient in the Department of Cardiology / Department of Cardiothoracic Surgery

from _____ to _____
(Date) (Date)

The medical report is required for the purpose of

☐ Continuity of Care ☐ Insurance Claims

☐ Legal Purposes ☐ Others, please specify: _____

Apart from the medical report fee, I undertake to pay any additional charges such as clinic consultation, x-ray and laboratory investigation charges which may be incurred in the preparation of the medical report.

(Signature of Patient / Parent / Authorised Next-of-Kin)

(Date)

METHOD OF COLLECTION

☐ By Registered Post (postage fee is payable by patient/requestor) ☐ By Normal Post (I acknowledge that NHCS will not be liable for lost mail)

☐ To Collect Person to contact/ Tel no.: _____

FOR OFFICIAL USE

Application Complete / Incomplete

Remarks: _____

(Name of MRU Processing Staff, Signature & Date)

(Name, Signature and Date Checked by MRU Supervisor)