

**FORM A – APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION**

**INSTRUCTIONS** (Please see the 'Notes on Application for the Release of Medical Information' for more information.)

1. This application form must be completed to request for new or duplicate copies of medical reports.
2. Applications with incomplete information, inadequate verification documents and consent, or those without payment of the processing fee, will not be processed.
3. The patient must consent to the Application & Consent for Release of Medical Information, unless they are mentally incapacitated, or deceased, in which case authorised representatives will consent on their behalf in Form B – Letter of Undertaking from Patient's Next-Of-KIN.
4. The release of the medical information is subject to approval by Singapore National Eye Centre.
5. The completed reports will be encrypted in PDF format and sent to the authorised representative's email address indicated in this e-form. Hard copies can only be provided upon request (please indicate under "Other Details").

**PATIENT'S PARTICULARS** (Please submit a copy of NRIC (front and back) or Birth Cert (for minors) with this form.)

Name : \_\_\_\_\_ NRIC / FIN / HRN : \_\_\_\_\_

**AUTHORISED REPRESENTATIVE'S PARTICULARS** (Please submit a copy of NRIC (front and back) and relevant documents (read NOTES Point 1C).)

Representative's Name : \_\_\_\_\_ Representative's NRIC / FIN / HRN : \_\_\_\_\_  
(If there are more than one authorised representative, please also complete Form B next page.)

I am applying on behalf of the patient as his / her (Please Tick (✓) only ONE option):

- Parent / Legally-Appointed Guardian   
  Donee   
  Court-Appointed Deputy   
  Executor of Estate   
  Administrator of Estate  
 Immediate Next-of-Kin   
  Other (please specify): \_\_\_\_\_

**MEDICAL REPORT REQUEST DETAILS**

Please email the medical reports to  Patient     Authorised Representative at the following email address.

Email : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Format of Report <i>Please Tick (✓)</i>	Fee <i>(read NOTES Point 3C)</i>	Surgery / Visit Date	Purpose of Request <i>Please Tick (✓) only ONE option</i>
<input type="checkbox"/> Ordinary Medical Report	\$120		<input type="checkbox"/> Continuation of Care
<input type="checkbox"/> Specialist Medical Report / Permanent Disability Form	\$220		<input type="checkbox"/> Insurance Claims / Proposal
<input type="checkbox"/> Neuro-Ophthalmology Medical Report	*\$157.25 / \$280.85		<input type="checkbox"/> Second Opinion / Referral
<input type="checkbox"/> Completion of Insurance Claim Form	\$120		<input type="checkbox"/> Legal Proceedings
<input type="checkbox"/> Completion of Pre-Surgery Insurance Approval Form	\$55.51		<input type="checkbox"/> Fitness for Work / Drive / Activity
<input type="checkbox"/> Work Injury Compensation Form (Initial Assessment)	\$120		<input type="checkbox"/> Exemption /Special Arrangement
<input type="checkbox"/> Work Injury Compensation Medical Board Assessment	\$367		<input type="checkbox"/> Others (please specify): _____
<input type="checkbox"/> Duplicate Copy of Day Surgery Discharge Summary	\$12		<b>Content of Doctor's Memo</b> <i>Please Tick (✓) only ONE option</i>
<input type="checkbox"/> Duplicate Copy of Referral Letter	\$12		<input type="checkbox"/> Date of consultation with diagnosis
<input type="checkbox"/> Eye Assessment Forms	*\$12 - \$120		<input type="checkbox"/> Date of consultation and symptoms
<input type="checkbox"/> ~ Doctor's Memo	\$12		<input type="checkbox"/> Condition of the patient requiring follow-up
<input type="checkbox"/> ^ Investigation Results	*\$12.96 - \$23.76		<input type="checkbox"/> Type of procedure and date performed
			<input type="checkbox"/> Fitness to drive
			<input type="checkbox"/> Fitness to work
Other Details:		* Fees will be advised. No prepayment needed. ~ Complete "Content of Doctor's memo" ^ Specify investigation/lab results required at "Other details"	

**Payment**

*Please Tick (✓) only ONE option*

- VISA/Master 16-digit card number: \_\_\_\_\_   
  AMEX 15-digit card number & 4-digit CVV \_\_\_\_\_  
 PayNow (Payment notification will be sent to you)   
 Expiry date: \_\_\_ / \_\_\_ (mm/yy)   
 Expiry date: \_\_\_ / \_\_\_ (mm/yy)  
 Card Holder's Name: \_\_\_\_\_   
 Card Holder's Name: \_\_\_\_\_

**AUTHORISATION**

I/We (Patient and/or Applicant as applicable) consent to Singapore National Eye Centre releasing the medical information required. In addition to the medical report fee, I/We undertake to pay any additional charges such as consultation fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the report.

I/We hereby declare and confirm that I am/we are competent to give the above consent and that the information given above is accurate and true to the best of my/our knowledge, and that the requisite information is required for the sole purpose stated above. I/We understand that I/we may be liable for prosecution for making any false declaration herein. Further, I/we confirm that I/we shall not hold Singapore National Eye Centre Pte Ltd or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me/us in the event of any loss or damage arising directly or indirectly, as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I/we undertake full responsibility and liability arising from the release of the requisite information. By providing the information set out in this form and submitting the same to you, I/we confirm that I/we have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA/Pages/Home.aspx>

For Official Use

MRR Reference No.:

Receipt No.:

Staff & Date

Signature of Patient & Date

Signature of Authorised Representative & Date

## NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

1. Application and consent for medical report
  - a. The application form 'Application & Consent for the Release of Medical Information' must be completed to request for new or duplicate copies of medical reports.
  - b. Applications with incomplete information, inadequate verification documents and consent, or those without payment of the processing fee, will not be processed.
  - c. The patient must consent to the application for a medical report, unless they are minors, mentally incapacitated, or deceased, in which case an authorised representative that is legally appointed will consent on their behalf.
    - Minors. Applications for minors must be signed by their parents (by Birth certificate or by Court Order of Custody) or legal guardians (Court Order of Guardianship or Interim Adoption Order). A minor is someone who is under 21 years old, who is not an active National Serviceman, and who is not married or a widow.
    - Mentally incapacitated. Applications for mentally incapacitated persons must be authorised by the Donee (by Lasting Power of Attorney) or court-appointed deputy (by Court Order of Appointment of Deputy). In the absence of a legally-appointed representative, the immediate next-of-kin (NOK) shall authorise.
    - Deceased. Applications for the deceased must be authorised by the Executor (by Grant of Probate) or Administrator (by Grant of Letters of Administration) of the deceased's estate. In the absence of a legally-appointed representative, the immediate next-of-kin shall authorise.
    - Immediate next-of-kin. In the absence of a legally-authorised representative, the immediate next-of-kin shall authorise the application and provide the relevant documents to verify the relationship. When the 1st level of the NOK relationship (Spouse) is not applicable, the 2nd level (Children) shall be the immediate NOK, etc. It is also necessary to prove higher-level NOK relationships are no longer/not relevant, and any immediate NOK who is unable to consent by submitting relevant documents, such as a divorce certificate or death certificate.
2. Release of medical information
  - a. The release of the medical information is subject to approval by Singapore National Eye Centre.
3. Processing fees for medical reports
  - a. SNEC charges processing fees for medical reports, which covers the Centre's administrative costs and the doctor's professional input.
  - b. The cost of specialist consultations and investigation tests, necessary for the completion of the medical report, are not included in the processing fee and they will be charged by the Specialist Outpatient Clinics (SOCs).
4. Processing time for medical reports
  - a. Medical reports are usually ready within four weeks of receiving a completed application.
  - b. Longer processing time may be required if
    - The patient has upcoming SOC appointments
    - Multiple reports are requested
    - Medical reports are drafted by two or more doctors
    - The assigned doctor is away
5. Delivery of medical reports
  - a. The completed reports will be encrypted in PDF format and sent to the applicant's email address.
  - b. Work Injury compensation reports will be sent only to Ministry of Manpower or insurer.
  - c. Hard copies can only be provided upon request and mailing fees will be incurred.
6. Cancellation of application for medical reports is not allowed after payment confirmation.
  - a. For successful cancellation, a full refund will be processed and may take up to two weeks from date of cancellation.

## TYPES OF MEDICAL REPORT

Types of Medical Reports	Descriptions
Ordinary Medical Report	A report put up by the doctor based on patient's medical records. It is a factual record of the patient's eye condition and treatment.
Ordinary Medical Report (Neuro-ophthalmology)	A report put up by the doctor based on patient's medical records. It is a factual record of the patient's eye condition and treatment. For Neuro-Ophthalmology patients.
Specialist Medical Report	A report put up by the doctor based on patient's medical records. It is a factual record of the patient's eye condition, treatment and prognosis.
Completion of Pre-Surgery Insurance Approval Form	An insurance claim form to be completed by the doctor before the surgery.
Completion of Insurance Claim Form	An insurance claim form to be completed by the doctor.
Completion of Insurance Claim Form (Neuro-ophthalmology)	An insurance claim form to be completed by the doctor. For Neuro-Ophthalmology patients.
Completion of Permanent Disability Claim Form	A form for the doctor to assess the patient's disability status.
Completion of Eye Assessment Form	Other miscellaneous/health assessment forms provided by the patient.
Work Injury Compensation Report	An assessment to determine work-related injuries, the degree and period of disability for Workmen's Compensation Act. Scope of the report is as per "Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower (MOM).
Work Injury Compensation Medical Board Assessment Report	A referral from the Ministry of Manpower to assess and re-determine work-related injuries, the degree and period of disability when any of the parties (insurer, employer or injured worker) object to the results of the initial workmen's compensation assessment. Scope of the report is as per "Referral of Objection to Permanent Incapacity Under Compensation (Medical Board) Regulations 2005 – Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower.
Duplicate Copy of Day Surgery Discharge Summary	Brief information of the surgery, diagnosis and procedure.

Doctor's Memo	Provides brief information (E.g. Date of consultation with diagnosis).
Duplicate copies of Investigation Result	E.g. Results of blood tests, CT scan, MRI scan, ECG, etc.
Duplicate Copy of Referral Letter	Referral Letter received from patients.

Contact Details

Tel No: 6322 9499

Email: [medicalreports@sneec.com.sg](mailto:medicalreports@sneec.com.sg)

Operating Hours

Monday to Friday: 8:30 am – 5:30 pm

Saturday: 8:30 am – 12:30 pm

Sunday & Public Holidays: Closed