

LIAU KH SPECIALIST CLINIC

Dr Liau Kui Hin

MBBS, M.Med(Surgery), FRCS(Ed), FAMS(Surgery)

RELEASE OF MEDICAL INFORMATION & INSTRUCTIONS

1. This form must be fully completed and signed by the patient. For minor below 21 years of age, patient's parent/ legal guardian should sign.
2. For interested third parties, patient's consent is required. If the patient is deceased, a copy of the patient's death certificate and the consent of patient's estate are required. The release of medical information is subject to doctor's approval.
3. The completed form must be submitted with payment of the fee (if applicable and as indicated below). Cheque payment (when applicable) should be crossed and made payable to "Liau KH Specialist Clinic".

PATIENT PARTICULARS & CONSENT

Patient Name: _____ Gender : Female / Male

NRIC / Passport Number: _____ Mobile _____

Mailing Address: _____ S (_____)

Email: _____ Period of Clinic Attendance / Admission: _____

PURPOSE FOR RELEASE OF MEDICAL INFORMATION

I consent to the release of my medical information and / or medical records (including but not limited to my care and / or treatment plan) by **Liau KH Specialist Clinic** for the purpose/s stated below:

Name of Company or Person: _____ Contact No.: _____

Address of Company or Person: _____

I undertake to pay \$200 to \$600 for medical report, letter, certification and any additional charges such as X-ray or laboratory charges which may be incurred in the preparation of a medical report. (**Fee varies with case complexity*) Any cancellation of the request after it has been prepared, administrative charges or full fee will be imposed.

For generating the following medical report/ letter/certificate, please select with circling the item:

Insurance Form	Personal	Continuity of Care	Itemised Request
Medical Insurance Claim	Employment	Referral Letter	Lab Results / X-Ray
Disability Claim	Legal Proceedings	Self-Referral to Another Dr	Medical Certificate
General Claim	Second Opinion Report	Transfer of Care Report	Treatment Report
Letter of Certification	<i>Specialist Medical Report*</i>	Step-down care Report	Discharge Summary
Letter of Appeal	<i>Medical Expert Report*</i>	Others:	Operation Report

PREFERRED MODE OF COLLECTION (IF APPLICABLE)

Collected personally & Mobile _____ Emailed to _____

Collected by my representative with an authorization letter with NRIC No. and a copy of his/her NRIC

Posted to the address of the company or person or myself as stated above by Normal Mail.

I acknowledge and agree that if I provide an overseas postal address or if I open the email overseas, the overseas country may not have any data protection laws or have data protection laws which are dissimilar to Singapore's Personal Data Protection Act 2012.

Signature of Patient / Parent / Legal Guardian/Legal Representative Name & Relationship to Patient (if not patient)
Of Deceased's Estate/Court appointed Deputies & Date

LIAU KH SPECIALIST CLINIC

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