Gleneagles™
KUALA LUMPUR

REQUEST FOR MEDICAL INFORMATION

Conditions / Instructions:

1. This form must be fully completed and signed by the patient. If the patient is below 18 years of age, the form should be signed by the patient's parent or legal guardian. If the patient is mentally or physically disabled, the spouse or parent may sign the form.
2. **For 3rd party request**: Patient's consent is required. If the patient is deceased, a copy of the patient's death certificate & written consent from the patient's next-of-kin / a copy of Letters of administration / Grant of Probate, whichever appropriate.
3. Please note that the release of medical information is subject to official approval.

PATIENT'S PARTICULARS

MRN :

Name : X.. NRIC/PPNo. : X..............................

Address : X..

....

DECLARATION

I, X.. NRIC / PP No. X ....
(name)

hereby give consent to GLENEAGLES HOSPITAL (KUALA LUMPUR) SDN BHD to furnish and release the report on

X ☐ Myself ☐ My Dependant [Specify Relationship] ....

X To: Name of Company or Person ....

Address of Company or Person ....

X For the Purpose of : ☐ Insurance Claim ☐ Continuity of Care

☐ Legal Purpose ☐ Others ....

Besides the medical report fee, I undertake to pay any additional charges such as laboratory reports or imaging reports, which may be incurred in the preparation of the report.

X METHOD OF COLLECTION

☐ To Collect. Person to contact:

Name : ....

Tel No : ....

☐ By Post - ***[Note:** Subject to payment received]*

Postal Address

....

....

....

X Signature of *Patient / Patient's Parent / Next-of-kin & Date

X Signature / Name & NRIC of Witness & Date

** Delete Appropriately*