

Form 32

**SAMPLE LETTER OF REQUEST FOR MEDICAL REPORT AND MEDICAL
RECORDS**

To: Medical Records Officer / Name of Medical Practitioner

[Name of Hospital / Medical Practice]

[Address]

Dear Sir / Madam

[Patient's full name/ NRIC Number]

We are instructed by [name of claimant] / [deceased's next-of-kin]. The above-named patient received medical treatment / underwent an operation at your hospital / medical practice on [date] to [date].

- 2 Following the medical treatment/operation, our client instructed us that he or she was [briefly describe the patient's present condition or symptoms] / [briefly describe the deceased's symptoms or condition after treatment and date of passing].
- 3 In light of the above, our client is contemplating a medical negligence suit to claim for damages against [name of attending doctors] and/or [the hospital].
- 4 Please let us have a comprehensive medical report stating:
 - (a) the symptoms presented by the claimant or the deceased prior to the treatment;
 - (b) clinical findings;
 - (c) diagnosis;
 - (d) treatment prescribed, risks in such treatment (if any) and when and how these risks were communicated to the claimant or the deceased and/or his or her next-of-kin;
 - (e) whether alternatives to the prescribed treatment were discussed and disclosed to the claimant or deceased and/or his or her next-of-kin and if so, why the prescribed treatment was preferred over these alternatives;
 - (f) assessment of the claimant's condition at the last consultation and the cause of such condition or the cause of the deceased's death (if applicable);
 - (g) prognosis and recommended future treatment, if available.
- 5 We also request copies of all medical records that are in the hospital's possession, including but not limited to the following:

- (a) admission records;
 - (b) medical and clinical notes including the patients' referral letters by doctors (from family clinics, polyclinics or other clinics/institutions);
 - (c) nursing notes;
 - (d) observation charts and documents on the health of the claimant or deceased during the treatment or stay in the hospital;
 - (e) laboratory test results;
 - (f) radiological scans, images and reports;
 - (g) consent forms;
 - (h) surgical records including anaesthetic records;
 - (i) pharmaceutical records, including fluids intake records and outputs records;
 - (j) histological slides, images and reports;
 - (k) blood transfusion records;
 - (l) maternity records and cardiotocography (CTG) records (where claims involve matters relating to maternity and paediatric issues); (m) physiotherapy and rehabilitative treatment records; (n) records of family conferences.
6. Please let us know within 7 days from the receipt of this letter the requisite charges for the medical reports and/or medical records. Upon payment of the requisite charges by our client, please let us have the said medical reports and/or medical records within 6 weeks as prescribed under the Protocol for Medical Negligence Claims found in Appendix E of the State Courts Practice Directions 2021.
7. The consent form authorising the release of the patient's medical records/medical report to us is enclosed.