

Form 33

**SAMPLE CONSENT FORM AUTHORISING RELEASE OF MEDICAL REPORT
AND OTHER RELATED MEDICAL RECORDS TO SOLICITORS**

Date:

[Patient's full name/ NRIC Number]

I, [full name of patient] / [full name of executor and/or administrator of deceased's estate] hereby consent to and authorise the Medical Records Officer, [name of hospital / medical practice], to furnish [my] / [the deceased's] medical report and/or other related medical records to my solicitors [name of law firm] pursuant to their letter of request dated [date].

Signature:

NRIC No.