

Note: Processing period is 14 working days.

APPLICATION FOR RELEASE OF MEDICAL INFORMATION

Ref. No. :

PATIENT'S INFORMATION

Name of patient : _____ Date of Birth: _____
 NRIC/Passport No.: _____ MRN/Encounter: _____
 (Please provide copy of NRIC/Passport)
 Adm/Visit date: _____
 Attending Doctor : _____ Specialty: _____

REQUESTOR'S INFORMATION

Name : _____
 Contact No. : _____ NRIC/Passport No.: _____
 Email : _____
 (Please provide copy of NRIC/Passport)
Relationship to patient: Self Next-of kin (please specify): _____
 Insurance Agent Others (please specify): _____

REPORT TYPE

Medical Report (Free Text) Claim Form _____
 (please state name of insurance company / agency)
 Laboratory Results Radiology Results Discharge Summary
 Vaccination Records KWSP/EPF PERKESO/SOCSCO
 Others (please specify): _____

COLLECTION OF REPORT

On-site collection at Medical Report Unit, Level 4B, Prince Court Medical Centre
 Postal/Courier Services (please provide postal address): _____

 Email: _____

***Important Note for the Requestor:**

1. If requestor is a third party personnel, the Consent for Release of Medical Information signed by the patient must be submitted together with this application form.
2. A copy of requestor's NRIC/Passport and patient's NRIC/Passport are required for verification purposes.
3. There shall be an administrative fee of RM20 and a minimum doctor's fee of RM100.
4. If you are sending a representative to collect the report on your behalf, an authorization letter signed by patient is required.
5. Application of medical information for a deceased patient by the spouse, **marriage certificate** is compulsory.
6. Application of medical information for a deceased patient by a third party other than spouse, a **Grant of Probate** or **Letter of Administration** is compulsory.
7. Only applications with completed documentations will be processed.

I have read, understand and consent to IHH MY Personal Data Protection Notice, accessible at <https://princecourt.com/pdpnotice/>

By signing the below, I hereby confirm that the information provided above are accurate, correct and complete and that the documents submitted along with this application form are genuine.

Requestor's Name: _____ Signature: _____ Date : _____

FOR OFFICE USE ONLY

Prepared by HID staff:

Name: _____ Date: _____

Released by HID staff:

Name: _____ Date: _____

COLLECTION OF REPORT:

Authorization Letter : Yes Not applicable

Collected by (name) : _____ Signature: _____

NRIC/Passport No. : _____

Date : _____ Time: _____