

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

I _____, ID No: _____
(Name of patient) (NRIC/FIN/Passport No.)

hereby authorize Rapha Radiology Pte Ltd to release the Medical Images/Radiology Reports*
of my radiological study/studies* as follows:

* delete as appropriate.

Name of Procedure(s): _____ performed on _____
(eg. MRI L Knee) (Date)

_____ performed on _____
(Date)

_____ performed on _____
(Date)

To the following party:

Name: _____

Address: _____

(Signature of Patient)

(Date)

(Signature of Witness)

(Date)

The signatory of this Authorization for the Release of Medical Records shall be:

- The patient himself/herself if he/she is 21 years of age and above and is of sound mind
- The parent or lawful guardian if the patient is below 21 years of age
- The committee of person or estate appointed under the Mental Disorders & Treatment Act (Cap 178) in the case of a patient who is of unsound mind.