

## CLINICAL ABSTRACT APPLICATION

**Important Notes:**

1. This form is required for the application of medical report from hospital/clinic and should be completed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next-of-kin (if patient is deceased).
2. For request of medical report from hospital, this form is to be submitted to the Medical Records Department of the hospital.

<b>To: Doctor-in-charge</b>	Date (dd/mm/yyyy) _____
Dear Sir/Madam	
Name of Patient _____	NRIC No. _____
<b><u>Re: Application for Medical Report</u></b>	
I hereby authorise you to furnish NTUC INCOME INSURANCE CO-OPERATIVE LIMITED, 75 BRAS BASAH ROAD, NTUC INCOME CENTRE, SINGAPORE 189557 with a detailed medical report on the above named patient. This report is required for insurance purposes. <u>I agree that a photocopy of this form shall be as valid as the original.</u>	
Yours sincerely	
_____ Signature of Patient	_____ Signature of Patient's Parent/Patient's Spouse/Next-of-Kin <sup>1</sup> (if patient is below 21 <u>or</u> is deceased)
<b>Particulars of Patient</b>	
Name (as shown in NRIC)	
NRIC No.	
Address	
<b>Particulars of Patient's Parent/Patient's Spouse/Next-of-Kin (If patient is below 21 or is deceased)</b>	
Name (as shown in NRIC)	
NRIC No.	
Address	
Relationship to patient	

<sup>1</sup>Please delete accordingly