

APPLICATION AND CONSENT FOR MEDICAL REPORT FORM

PART A - PARTICULARS OF PATIENT

Patient Full Name	<input type="text"/>		
NRIC/Passport No	<input type="text"/>	Contact No.	<input type="text"/>
Medical Records Number (MRN)	<input type="text"/>	Email	<input type="text"/>

PART B - PARTICULARS OF APPLICANT

Relationship with Patient Self Next of Kin: Spouse Parent Sibling Child Insurance Agent / Payor
 Other: _____

(Note: If "Self" is selected, you may leave the representative's details below blank)

Representative Details **(To be completed only if a representative is authorised to collect the medical reports).**

Representative Full Name	<input type="text"/>		
NRIC/Passport No.	<input type="text"/>	Contact No.	<input type="text"/>
Letter of Authorisation from Patient	<input type="checkbox"/> *Yes <input type="checkbox"/> No	Email	<input type="text"/>

*** Attach with submission if "Yes"**

PART C - ATTENDING DOCTOR

1. <input type="text"/>	3. <input type="text"/>
2. <input type="text"/>	4. <input type="text"/>

PART D - PURPOSE OF REQUEST

Self – Reference Employer Reference Insurance Application Insurance Claim Legal Proceeding
 Second Opinion Further Medical Treatment KWSP / EPF PERKESO/SOCSO Other: _____

Note:

- For SOCSO and KWSP, please attach the relevant forms provided by SOCSO and KWSP.
- For insurance claim, please forward the query letter or questionnaire from the insurance provider.

PART E - METHOD OF COLLECTION

Walk-in (MRD Counter, Level 5) Email Courier / Mail Delivery

Delivery Details (Fill-in this section if method of collection is by Courier/Mail Delivery) :

Name of Recipient	<input type="text"/>		
Mailing Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	State	<input type="text"/>
City	<input type="text"/>	Country	<input type="text"/>

PART F – CONSENT FOR RELEASE OF MEDICAL INFORMATION BY PATIENT / NEXT OF KIN

By submitting this form, I hereby:

1. Authorize Pantai Medical Centre Sdn Bhd and its authorized staff to access, release and disclose my medical information to me or to the representative(s) I have named in this form.
2. Acknowledge that I have read, understood and consent to IHH MY Personal Data Protection Notice, accessible at <https://www.ihhhealthcare.com/my/data-protection-notice>
3. Declare that all information provided is true and accurate, and that I have obtained consent from any individual whose information I provide in this form.
4. Release Pantai Medical Centre Sdn Bhd, its staff, and authorized representatives from any responsibility or liability arising from the release of my medical information based on my request.

Signature of Applicant

Full name of Applicant

NRIC / Passport No.

Date

Witnessed By:

Signature of Witness

Name of Witness

NRIC / Passport No.

Date

PART G – CHECKLIST	
Patient (Self) aged 18 years or older	
	Application & Consent to Release Medical Information Form
	Copy of NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Purpose – specific forms (if applicable) – Insurance forms, KWSP/PERKESO/SOCSO forms, lawyer letters etc
Parent or legal guardian (If the patient is below 18 years old or mentally incapacitated)	
	Application & Consent to Release Medical Information Form
	Copy of Patient's Birth Certificate
	Copy of Patient's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Copy of Parent / Guardian's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Purpose – specific forms (if applicable) – Insurance forms, KWSP/PERKESO/SOCSO forms, lawyer letters etc
Representatives (Agent / Lawyer / Insurer / Employer)	
	Application & Consent to Release Medical Information Form
	Letter of Authorization – Signed by Patient
	Copy of Patient's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Copy of Representative's (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Purpose – specific forms (if applicable) – Insurance forms, KWSP/PERKESO/SOCSO forms, lawyer letters etc
PART G – CHECKLIST (Applicable to deceased patients only)	
Spouse	
	Application & Consent to Release Medical Information Form
	Copy of Death Certificate
	Copy of Marriage Certificate
	Copy of Spouse's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Copy of Deceased's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
Parent or Legal Guardian	
	Application & Consent to Release Medical Information Form
	Copy of Death Certificate
	Copy of Birth Certificate
	Copy of Parent / Guardian's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Copy of Deceased's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
Sibling or Child	
	Application & Consent to Release Medical Information Form
	Copy or Death Certificate
	Letter of Authorisation (LOA) or Grant of Probate (for non-Muslim) or Surat Kuasa Mentadbir (for Muslim)
	Original Consent Letter signed by the Appointed Administrator
	Copy of Sibling / Child's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page
	Copy of Deceased's NRIC (Identity Card) showing both the front and back, or a copy of the passport biodata page