

Form 1
Sample Letter of Request for Medical Report and Medical Records

To: Medical Records Officer
[Name of hospital/medical practice]
[Address]

Dear Sir

[Patient's full name]
[Patient's NRIC or passport number]

We are instructed by the abovenamed patient who received medical treatment [*underwent an operation*] at your hospital [*medical practice*] on [date] [*from [date] to [date]*].

[*We are instructed by [name of claimant], the [relationship] of the abovenamed deceased and executor/administrator of his estate. The deceased received medical treatment [underwent an operation] at your hospital [medical practice] on [date] [from [date] to [date]].*

Following the medical treatment [*operation*], our client instructed us that he is [briefly describe the client's present physical and/or mental condition or symptoms] [*the deceased passed away on [date]*]. In the light of our client's present condition [*In view of the death of the deceased*], our client is contemplating a claim for damages against [name of attending doctor(s)] and/or [name of hospital/medical practice].

Please let us have a comprehensive medical report stating:

- (a) symptoms presented by our client [*the deceased*] prior to treatment;
- (b) clinical findings;
- (c) diagnosis;
- (d) treatment prescribed, whether there are risks in such treatment and if so, when and how those risks were communicated to our client [*the deceased and/or his next-of-kin*];
- (e) whether alternatives to the prescribed treatment were disclosed to the claimant [*the deceased and/or his next-of-kin*] and if so, why the prescribed treatment was preferred over these alternatives;
- (f) assessment of our client's [*the deceased's*] condition at the last consultation and the cause of such condition [*the cause of the deceased's death*];
- (g) prognosis and recommended future treatment, if available.

We also request copies of all medical records that are in your hospital's [*medical practice's*] possession, including but not limited to the following:

- (a) admission records;

- (b) medical and clinical notes including letters of our client's [*the deceased's*] referral letters by doctors (from family clinics, polyclinics or other clinics/institutions);
- (c) nursing notes;
- (d) observation charts and documents on the health of our client [*the deceased*] during the treatment or stay in the hospital;
- (e) laboratory test results;
- (f) radiological scans, images and reports;
- (g) consent forms;
- (h) surgical records including anaesthetic records;
- (i) pharmaceutical records, including fluids intake records and outputs;
- (j) histological slides, images and reports;
- (k) blood transfusion records;
- (l) maternity records and cardiotocography (CTG) records (where claims involve matters relating to maternity and paediatric issues);
- (m) physiotherapy and rehabilitative treatment records;
- (n) records of family conferences.

Please let us know within 7 days from the receipt of this letter the requisite charges for the medical reports and/or medical records. Upon receipt of the requisite charges by your hospital [*medical practice*], please let us have the medical report within the next 6 weeks as prescribed under the Protocol for Medical Negligence Claims found in Appendix D of the State Courts Practice Directions. The letter authorising the release of the patient's medical records/medical report to us is enclosed.

Yours faithfully,