

Form 1A
Sample Letter of Authorisation

Date:

[Patient's full name]

[Patient's NRIC or passport number]

I, [full name and NRIC or passport number] being the abovenamed patient *[being the [state relationship] of the abovenamed deceased and the executor/administrator of his estate]* hereby consent to and authorise the Medical Records Officer, [name of hospital/medical practice] to furnish my medical report *[the medical report on the abovenamed deceased]* to my solicitors [name of firm] pursuant to their letter of request dated [date].

Signature: