

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: Parent / Sibling / Spouse/ Children 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 records).**

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 records 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.pantai.com.my/pdpnotice>.
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 records 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 / Passport
	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 / Passport
	Copy of Parent / Guardian's NRIC / Passport
	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 / Passport
	Copy of Parent / Guardian's NRIC / Passport
	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 NRIC
	Copy of Deceased NRIC
	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 / Passport
	Copy of Deceased NRIC
	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
	Copy of Deceased NRIC