

## REQUEST FORM FOR RELEASE OF DENTAL RECORDS

Instructions:

1. Patient has to enclose a photocopy of own NRIC (front view), passport or Birth Certificate if submitting this request via email.
2. Photocopies of relevant documents (eg. birth certificate, marriage certificate, death certificate and letters of administration) are to be attached as proof of relationship to patient, if applicable.

### PART A: PATIENT'S CONSENT (to be completed by Requestor)

I, _____ (Name of Patient) and NRIC: _____
hereby authorize <b>National Dental Centre Singapore</b> to release the requested dental records:
<input type="checkbox"/> <b>Dental Images</b> <input type="checkbox"/> <b>General Dental / CBCT Scans</b> (in CD-Format) <input type="checkbox"/> <b>Study model</b> to * me or
my Authorized Representative: _____ (Full Name & NRIC/Passport)
[Relationship to patient: Child / Parent / Legal Guardian / Others: _____]
<b>Purpose of Request:</b> <input type="checkbox"/> For own record
<input type="checkbox"/> Others (please specify) _____
<b>Receiver's Email:</b> _____ <b>Contact No:</b> _____
[IN CAPITAL LETTERS] * Delete as appropriate
_____ (Parent's signature if patient is below 21 years old)
Signature of Patient/Parent/Guardian & Date

### PART B: ACKNOWLEDGEMENT OF RECEIPT (self-collection applicable for *Study Model and CD-ROM* only)

<input type="checkbox"/> <b>checked and collected by Patient</b>
_____
<i>Patient's Signature</i> _____ <i>Date</i> _____
<input type="checkbox"/> <b>checked and collected on behalf of Patient</b>
<b>Name:</b> _____ <b>NRIC:</b> _____
<b>Relationship to Patient:</b> <i>Child / Parent / Legal Guardian / Others:</i> _____
_____
<i>Representative's Signature</i> _____ <i>Date</i> _____