Dental Records Office (DRO)
National Dental Centre Singapore
5 Second Hospital Avenue
Singapore 168938
Tel: 6324 8847 Fax: 6221 1631
Email: ndcs.dro@ndcs.com.sg

CONSENT FOR RELEASE OF DENTAL INFORMATION

INSTRUCTIONS

1. This form must be fully completed for application of a Dental Report. It should be signed by the patient or the patient's parent (If the patient is below 21 years of age). The patient's consent is required for medical enquiries.
2. If the patient is deceased/mentally incompetent, consent is required from the authorized representative. Authorized representatives are to provide photocopies of their NRIC or passport, Court Orders, Lasting Power of Attorney and/or other legal documents (where applicable). A copy of the patient's death certificate is required. If an authorized representative has not been appointed. A separate Letter of Undertaking has to be completed by all family members of the patient.
3. 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.
4. **The patient has to enclose a photocopy of own NRIC (front & back view), passport or Birth Certificate if submitting this request via email or by post.**
5. The release of the dental report is subject to official approval. NDCS reserves the right to refuse a request for the release of patient dental information if NDCS finds that such persons do not have the authority to make such requests.
6. This form is to be submitted with the appropriate report fee.

PATIENT'S PARTICULARS

Name: ____________________ HRN / NRIC: ____________

Address: ____________________ Postal Code: ____________

Date of Attendance: ____________ Visit Type*: **Day Surgery / Outpatient** Contact No.: ____________

DECLARATION

I, ____________________ of NRIC No: ____________ am the above named Patient / Parent / Next of Kin / Administrator of Estate / Donee / Deputy * of the above named Patient. I hereby authorize **NATIONAL DENTAL CENTRE SINGAPORE** (NDCS) to furnish and release the below stated report:

TO: Name of Company or Person : ____________________

Address of Company or Person : ____________________

☐ **Ordinary Dental Report ($110)** ☐ **Completion of Insurance Form ($110)**

☐ **Specialist Dental Report ($210)** ☐ **Others (please specify)** ____________

Besides the dental report fee, I undertake to pay any additional charges such as consultation fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the report.

PURPOSE OF REPORT

☐ Third Party Claim ☐ Continuation of Care ☐ Insurance Claims ☐ Legal Proceedings ☐ Others (please specify) ____________

PREFERRED MODE OF DELIVERY

☐ I will personally collect the report once is ready. My contact number is ____________________

☐ Send to the address indicated above.

☐ Report(s) will be collected by my representative. **An Authorization Letter with the representative's name and NRIC No. and a copy of my NRIC has to be furnished upon collection and that the dental report cannot be released if I am unable to do so.**

* Delete where appropriate

I hereby declare and confirm that I am competent to give the above consent and that the information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making any false declaration herein. Further, I confirm that I shall not hold National Dental Centre Singapore or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me in the event of any loss or damage arising directly or indirectly, as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite Information. By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at http://www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA/Pages/Home.aspx

____________________	____________________	____________________
Signature of Patient & Date	Signature of Applicant & Date	Relationship to Patient