



## 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 or by post.
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)

(NRIC: \_\_\_\_\_) hereby authorize **National Dental Centre Singapore** to release the requested dental records / image(s):  **General**  **CBCT** to \*me / my authorized representative: \_\_\_\_\_ (Full Name & NRIC/Passport)

[Relationship to patient: Child / Parent / Legal Guardian / Others: \_\_\_\_\_]

**Purpose of Request:**  For own record  
 Others (please specify) \_\_\_\_\_

**Receiver's Email:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_  
 [IN CAPITAL LETTERS] \* Delete as appropriate

\_\_\_\_\_  
 (Parent's signature if patient is below 21 years old)  
 Signature of Patient/Parent/Guardian & Date

**PART B: ACKNOWLEDGMENT OF RECEIPT** (self-collection applicable for *Study Model and CBCT* only)

**checked and collected by Patient**

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date

**checked and collected on behalf of Patient**

**Name:** \_\_\_\_\_ **NRIC:** \_\_\_\_\_

**Relationship to Patient:** Child / Parent / Legal Guardian / Others: \_\_\_\_\_

\_\_\_\_\_  
 Representative's Signature

\_\_\_\_\_  
 Date