

<p>CLINICAL ABSTRACT APPLICATION FORM</p>	<p>Instructions 1 This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next – of –kin (if patient is deceased), and be duly witnessed. 2 This form is to be submitted with the appropriate report fee. 3 The release of the medical report is subject to official approval.</p>
<p>MD 105</p>	

Medical Superintendent

_____ Hospital / Clinic

I, _____ NRIC NO. _____

of _____

hereby authorize you to furnish Prudential Assurance Company Singapore (Pte) Limited of 30 Cecil Street, #30-01 Prudential Tower Singapore 049712 with a medical report on _____
(Name of patient)

NRIC / Hospital Registration No. _____ who was treated at the hospital as a patient in

The department of _____ from _____ to _____

The medical report is required for the purpose specified below:

Besides the medical report fee, I undertake to pay any additional charges such as X-ray and laboratory investigation charges which may be incurred in the preparation of the medical report.

Name (in block letters): _____

Signature of Patient / Parent / Next-of-Kin

Relation to patient : _____

Duly Witnessed By:

Signature

Name (in block letters): _____

NRIC NO. : _____

Address : _____

FOR OFFICIAL USE

Application is approved / not approved

Signature & Date

Name and Designation of Approving Officer