



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

REQUEST FORM FOR MEDICAL EXPERT OPINION / REPORT

SECTION 1: CASE DETAILS

Requestor's Case Reference No.	
Subject	
Date of Request	
Requestor	
Requesting Agency	

SECTION 2: TYPE OF REQUEST

(√)	CATEGORY	(√)	OPTIONS
	(A) General Medical Opinion <i>*A fee of \$1,250 (subject to 7% GST) will be charged per report.</i>		Single medical opinion
			Group medical opinions
	(B) Medical Expert Report* <i>*A fee of \$2,500 (subject to 7% GST) will be charged per report.</i>		Single medical expert report
			Group medical expert report

SECTION 3: POSSIBILITY OF LEGAL PROCEEDINGS

(√)	OPTIONS
	Yes , there is a possibility that the inputs provided would be used as evidence in court proceedings.
	No , the inputs would not be used for as evidence in court proceedings.
	Others: <i>(please specify)</i>

SECTION 4: PROVISION OF SUPPORTING DOCUMENTS

(√)	OPTIONS
	No , there are no supporting documents provided.
	Yes , there are supporting documents provided to be reviewed.
	<input type="checkbox"/> Medical case notes/records <input type="checkbox"/> X-rays <input type="checkbox"/> CD angiogram
	<input type="checkbox"/> Others: _____

SECTION 5: BILLING DETAILS *(Only for Option (B) – Medical Expert Report)*

Report and administrative fees	S\$2,500.00 <i>(subject to 7% GST)</i>
Please proceed to send the invoice to:	
Billing Address:	

SECTION 6: AUTHORIZATION BY REQUESTOR

Signature	Name & Designation	Date
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NB: Please enclose an official request letter with a summary of the case details together with this form.