

Collection of Medication by Letter of Authorisation for Proxy**Instructions:**

1. The appointed proxy must be aged 18 years and above.
2. Please bring along the following:
 - a. Copy of patient's ID card
 - b. Proxy's physical original ID card
 - c. This original signed and completed letter of authorisation

Section A - For patient's authorisation

I, _____ [name of patient] authorise _____ [name of proxy] to collect my medication on my behalf. I agree that he/she will be responsible for ensuring that the medication is safely delivered to me.

I agree to indemnify NUS University Health Centre against all losses, expenses, costs, damages and liabilities that may be suffered or incurred by the clinic arising out of or in connection with any false declaration or improper conduct on my part.

Section B - For proxy's acknowledgement

I declare that I have been authorised by the patient to collect his/her medication on his/her behalf. I agree to the following:

- I. to pay the bills in relation to the medication on the patient's behalf;
- II. to check that I have collected the right medication for the patient and safely deliver the medication to him/her

Signature of Patient

Signature of Proxy

Name, NRIC/FIN of Patient

Name, NRIC/FIN of Proxy

Date

Date