AUTHORIZATION FORM

SUBMITTING DIGITAL RESULTS THROUGH THE CLINICAL MANAGEMENT SYSTEM

To: -

1. Parkway Hospitals Singapore Pte Ltd
   1 Harbourfront Place #03-02
   Harbourfront Tower One
   Singapore 098633

2. Medi-Rad Associates Ltd
   1 Harbourfront Place #03-02
   Harbourfront Tower One
   Singapore 098633

Date: _____

Email: sg.digitalresults@parkwaypantai.com

The doctor(s) listed in Annex 1 ("Doctors") at_____ ("Clinic"), HCI Code: _____, wish to receive their patient's report, diagnostic images, demographic data ("Patient Results") from Parkway Hospitals Singapore Pte Ltd (PHSPL) and Medi-Rad Associates Ltd (MRA) electronically via the Clinic's clinical management system Plato ("System") provided by the vendor, Plato Medical Pte Ltd ("Vendor").

On behalf of the Doctors, the Clinic hereby instructs PHSPL and MRA to electronically transmit the Patient Results to the Doctors via the System, in accordance with such instructions as the Clinic may provide to PHSPL and MRA from time to time. If the Clinic no longer requires PHSPL and MRA to electronically transmit the Patient Results to any one of the Doctors via the System, the Clinic must instruct PHSPL and MRA accordingly in writing. The Clinic must inform PHSPL and MRA accordingly in writing should there be a change in the HCI license.

In addition, the Clinic acknowledges, agrees and undertakes to PHSPL and MRA as follows:

(i)   the Clinic is authorised to instruct PHSPL and MRA on behalf of the Doctors in accordance with this Authorisation Form;

(ii) in transmitting the Patient Results to the Doctors, PHSPL and MRA is acting in accordance with the Clinic's instructions. The Clinic shall immediately update PHSPL and MRA in the event of any changes to the Clinic's instructions. In particular, in the event that the practice of any one of the Doctors is changed or terminated, the Clinic shall inform PHSPL and MRA and all other relevant parties (including the Vendor) immediately so that PHSPL and MRA will cease transmitting that Doctor's Patient Results to the Clinic;

(iii) the System and the Clinic's access to the System is provided to the Clinic by the Vendor in accordance with the Clinic's specifications and requirements. The Patient Results are being transmitted to the Clinic at the request of Clinic and at the Clinic's own risk;

(iv) PHSPL and MRA has the right to retain copies of any databases, files and Patient Results for their own record-keeping purposes and for compliance with applicable law;

(v)   the Clinic shall procure the compliance of the Vendor with all applicable obligations of the Personal Data Protection Act 2012 (PDPA);

(vi) the Clinic shall obtain, and shall procure that each Doctor obtains, the consent of their patients in accordance with the requirements of the PDPA for the transmission of the Patient Results to the Clinic through the System and retain records of such consents. The Clinic shall provide PHSPL and MRA with copies of the patients' consents upon request by PHSPL and MRA;

(vii) the Clinic shall ensure that each Doctor accesses only the Patient Results of their own patients, or otherwise accesses Patient Results in accordance with consents which have been obtained by the Doctor from the relevant patient;

(viii) the Clinic shall not hold PHSPL and MRA liable for any loss or damage which may be suffered by the Clinic in connection with the electronic transmission of the Patient Results through the System; and

(ix) the Clinic shall keep PHSPL and MRA, its officers, directors, employees and agents ("**Indemnitees**") indemnified against all losses, damages, claims, demands, actions, proceedings, liabilities and expenses whatsoever (including but not limited to all legal costs or attorney's fees on a full indemnity basis) that any of the Indemnitees may incur or suffer arising from or in connection with the transmission of the Patient Results through the System to Clinic.

_____   _____

Director Name and Signature: Clinic's stamp and address

Annex 1

The following doctor(s) would like to receive their Patient Results from PHSPL and MRA electronically via the Plato:

Doctor Name	Doctor's SMC Registration Number	HCI code	Plato Database Name