

<b>REFERRAL FORM</b>
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Singapore Mediation Centre – Singapore Medical Council Mediation Scheme  
 c/o 1 Supreme Court Lane, Level 1  
 Singapore 178879  
 Email: smcregistry@sal.org.sg  
 Tel: (65) 6252 4226

<b>Part (A) – Details of Parties</b>	
<b>Complainant's Name:</b>	
Email Address:	
Preferred Mailing Address:	
Contact No:	Office: Mobile:
<b>Registered Medical Practitioner's Name:</b>	
Email Address:	
Preferred Mailing Address:	
Contact No:	Office: Mobile:
<b>Proposed Mediator:</b>  <i>(in accordance with Rule 7.1 of the Supplementary Rules for SMC-SMedC Mediation Scheme)</i>	

<b>Part (B) – Summary of Dispute (To be completed by the Singapore Medical Council)</b>
<b>Please refer to the following enclosed documents:</b>
<ol style="list-style-type: none"> <li>1. Notification letter to complainant and doctor on referral to mediation</li> <li>2. Complaint letter (with annexes, if any)</li> <li>3. Written explanation (if available)</li> </ol>

