

Market Lavington Surgery

For any patient over the age of 12 years we require written permission from the patient to be able to discuss any medical matters with anyone other than the patient.

If you would like for us to be able to discuss your medical matters with anyone other than yourself, please fill in the information below.

Your Name

Date of Birth

Address

.....

Today's date

Dear Market Lavington Surgery

Please accept this letter as written permission for the person(s) listed below to be able to speak on my behalf on all my medical matters.

Name

Relationship to patient

Contact telephone number

Signature of patient

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