

Patient Consent for Lister Medical Centre to discuss personal/medical information with nominated person(s):

Patient Name:

Patient DOB:

Patient Address:

[Please complete today's date]

.....

I [patient name in capital letters] understand that by giving my written consent, permission is given to the following person/s, to be able to discuss or receive details of my personal/health/medical information when calling or attending the surgery.

I consent to:

..... Relationship to patient

..... Relationship to patient

Yours faithfully,

.....

Signature of patient