

KNOLL MEDICAL PRACTICE - MEDICAL CONSENT LETTER

Consent for Representative/s to discuss medical records on patient's behalf

Patient

Name _____ Date of Birth _____

Address

Representative/s

Name _____ Contact Number _____

Relationship to patient _____

Name _____ Contact Number _____

Relationship to patient _____

Declaration of Consent

I hereby give consent to the above named representative/s to discuss **all** my medical records on my behalf, including but not limited to test results, appointments, medical history.

I understand that I can revoke this authority at any time by contacting the GP Surgery.

Signed _____ Date _____