

Patient Name: _____

Patient DoB: _____

Address: _____

To: Bewbush Medical Centre
Bewbush Place
Crawley
West Sussex
RH11 8XT

**Re: Permission to disclose and discuss my private and confidential
medical issues**

I herewith give permission to staff at Bewbush Medical Centre to disclose all medical
related issues to:

Name(s): _____

Signature

Date