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**Practice Disclaimer**  
**TO BE SIGNED BY PATIENT UPON RECEIPT OF COPIES OF THEIR**  
**MEDICAL RECORDS**

I (Full Name) ..... hereby confirm that on  
(date) ..... collected my full / partial (please circle applicable) from Godiva Group  
Practice.

I, the patient understands, that it is my responsibility to provide the third party involved, with the paper  
copy of my medical records for which I have been provided with today, whether this be the full or partial  
notes pertaining to my Solicitor/Insurance Company request.

Signed: .....

Date: .....

Staff Member Signature: .....

**PLEASE SCAN THIS COPY INTO PATIENT'S RECORDS**

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Dr P Bahalkar

Dr N Ali

Dr D Reddy

Dr S Xavier