

PELSALL VILLAGE SURGERY

If you are making an enquiry on behalf of a patient, or your enquiry involves the medical care of a patient, then the consent of the patient will be required.

Patient Third-Party Consent Form

Patient Name:	
Telephone No:	
Address:	
Person who patient is giving Third Party Consent Name:	
Telephone No.	
Address:	

Please obtain the patient's signed consent below:

PATIENT - I (Insert Name)
fully consent to Pelsall village surgery releasing information and discussing my care and medical records with the person named above in relation to any queries relating to my medical records or ongoing care.

This authority is for an indefinite period / for a limited period only (delete as appropriate).

Where a limited period applies, this authority is valid until (insert date).....

Signed (Patient):

Print Name:

Date:

Received by ***Date***.....

Please ensure the form has been signed by the Patient and coded on to the patient record