**ASHINGDON MEDICAL CENTRE**



Dr. Sadik Merali M.B.B.S., M.R.C.G.P.

THE SURGERY

57 LASCELLES GARDENS

ASHINGDON

ESSEX SS4 3BW

TELEPHONE: 01702 414970

FAX: 0844 576 9880

**CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION**

|  |  |
| --- | --- |
| **Name:** | **DOB:** |
| **Address:** | |
|  | |
| **Telephone Number:** | |

I hereby consent for your staff to give the agreed information to person / people detailed below:

|  |  |
| --- | --- |
| **Name:** | **DOB:** |
| **Relationship:** | **Tel:** |
| **Address:** | |
|  | |

Please tick as appropriate:

To give out my results only

To discuss all medical information

This authority is to remain valid until such time

This authority is valid from \_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_