

**Patient Consent Form**  
**for another person to access my medical records**

I, (name)..... of  
(address).....  
.....  
.....

give permission for the Doctors and Staff at Mundesley  
Medical Centre to disclose and/or discuss any test results  
or information regarding my medical health and/or records  
with:

Name.....

Relationship.....

Address.....  
.....  
.....

Telephone number .....

Signed.....

Date.....