

Mundesley Medical Centre Scanning Administration Note:

Follow "Patient Consent Protocol" when "Completing" this document

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

I, (name).....

Date of Birth.....

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

If you are aged 16 – 21 years this consent will automatically expire in two years time.

Signed.....

Date.....

If you wish to revoke your consent at any time you must inform reception to update your record.