

Patient Medical Admin Request

If this is a request for a copy of your medical record (part or whole) you will need to complete a separate consent form

REQUEST FOR:

Patient Name: **Date of birth:**

First line of address:

Action requested:

Documents left with this request: Please provide original document. Note practice is unable to provide a copying service

- 1.
- 2.

This request will be passed to the Medical Administration team. They will contact you on completion of your request, normally within 7-10 working days or earlier should there be a query.

PLEASE NOTE THERE MAY BE A CHARGE FOR THIS SERVICE - see schedule of fees in reception / on website

Requester name: **Signature:**

Relationship to patient: **Date:**

Tel contact number: Please update patient medical record with this number YES NO

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