

**Accredited General Practice**

**AUTHORITY FOR RELEASE OF MEDICAL RECORDS**

To:

Practice:.....

Doctor :.....

Address :.....

Phone:..... Fax:.....

The patient whose details are given below is now attending this surgery.

Please forward any relevant medical history / case notes / specialist letters / reports to assist in the patient's ongoing medical care. **We accept records on disc if your practice is using Medical Director 3.** Advice on the most recent dates, when any of the following items were charges, would also be appreciated.

- Health Assessment: 701,703,705,707,715 :.....
- Mental Health Care Plan: 2700,2701,2712,2715,2717 :.....
- GPMP/TCA: 721,723,732:.....
- PIP incentive items: 2497 to 2559: .....

I.....Date of Birth.....

Address: .....

Signed.....Dated.....

Hereby authorise the release of my medical records to the Denmark Medical Centre.

**Other family members to be included:  
 (NB: Family members aged sixteen (16) and over to personally sign authority)**

Name.....Date of Birth.....

Signed..... Dated.....

Name.....Date of Birth.....

Signed..... Dated.....

Name..... Date of Birth.....

Signed..... Dated.....