

To Whom It May Concern
Ivy Grove Surgery
Steeple Drive
RIPLEY
Derbyshire
DE5 3TH

Dear Sir/Madam

I, (Insert patient's name) of

..... (Insert patient's address)

Give consent for (Insert name of carer)

to have access to my medical records and agree that discussions relating to my medical care/results of tests can be held with the above named person.

I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time.

Signature of patient

Date