



Date of Request:

Previous Doctor

Doctor's Name

Practice Name

Address

Phone

Fax

Dear Doctor,

RE: Patient's Name

DOB

Address

The above patient is currently attending this practice. We would be grateful for your assistance in providing copies of relevant notes, results, reports, care plans, health assessments, GPMHCPs and summaries which would help in their future management.

Please note we prefer records sent on CD in .XML format to import to Best Practice Clinical software. Thank you.

Consent to the release of this information is given below.

CONSENT

I,

give consent to the release of our previous medical notes to Woodvale Park Medical Centre.

Signature

Date

Yours sincerely,

Woodvale Park Medical Centre