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Authorisation for another person to discuss my medical record and health needs on my behalf.

Patient giving consent:

Name	
Date of birth	
Contact number/s	
Address	
<i>I hereby give consent for the person named* to discuss my medical record and health needs on my behalf. I can change my mind at any time by informing the surgery.</i>	
Signature	
Date	

Patient consent given to:

Name *	
Contact Number/s	
Address	
Relationship to person above	
If also Bredon Hill patient please provide date of birth.	

Surgery Use

Patient/s EMIS ID	
Date registration updated	
Updated by	