

Letter Of Permission to Access Results and/or Medical Information



RIVER WEY
MEDICAL PRACTICE

Famham Centre for Health
Hale Road
Famham
Surrey
GU9 9QS

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Date

Dear River Wey Medical Practice

I

Date Of Birth :.....

Address:
.....
.....
.....

give permission for

Relationship.....

Telephone number

to receive results

to discuss medical information

on my behalf.

Yours sincerely