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Due to new GDPR regulations commencing on May 25th 2018, we are no longer able to release prescriptions or any other medical information including blood results, correspondence and forms for patients over the age of 16 to third parties.

Third Parties include family members and chemists etc.

If you wish a 3rd party to collect your prescription, blood results, correspondence, forms etc, we will need written consent.

Therefore, please complete the consent form below and return to reception.

Patient Name ……………………………….…………………………. DOB………………

I consent for the following person/persons to collect my:

Prescription Blood results Correspondence Forms Written information

*(Delete as appropriate)*

Name ………………………………………………………………………………………………………………….

Relationship to Patient………………………………………………………………………………………..

Patient Signature ……………………………………………………………………Date ………………