WEST RAINTON SURGERY

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Consent to obtain Medical Report / Records

Access to Medical Reports Act 1988

I have been informed of my rights under the Access to Medical Reports Act 1988 and I hereby give my consent to seek information from any doctor who at any time has attended to me concerning anything which affects my physical or mental health.

I confirm that a copy of this consent will have the validity of the original.

I wish to see the report before it is sent ☐

I do not wish to see the report before it is sent ☐

Name of Patient	
Date of Birth	
Address	

Signed: _____

Date: _____