WELLINGTON

Medical Practice

Private Work Request Form Only

Date:	
Patient's Full Name:	
Patient's Date of Birth:	
Patient Address:	**Telephone (Home):** **Mobile:** **Email:**

Details of Request:

<u>Please do not use this form for prescription requests, they will not be processed.</u>

CONSENT

I consent to medical information about myself being released to:

……

(Please specify yourself, the company you wish to receive the information or a third party, i.e family member)

Patient's Signature…….

Date……..

Consent is valid for a period of six months

Please note: Information cannot be provided regarding a patient without that patient's written consent.

If you decide to cancel your request after you have paid for the work, you may still incur an administration fee of up to 15%

It may take up to 21 days from the day of payment for you to receive the information you have requested