



Dear Alexandra Surgery patients

This is a form that needs to be signed before any medical report can be sent to any 3<sup>rd</sup> party. This form allows us to send/fax your confidential medical information to the requesting 3<sup>rd</sup> party. Please can you fill in the details below so we can process the request for your confidential medical information.

Full Name

Date of birth

Address

Send to /Requesting 3<sup>rd</sup> party

Name

Address

Telephone number

Fax number

**I give permission for my relevant medical information to be given / sent to the 3<sup>rd</sup> party stated above.**

Full name

Signature