

AUTHORITY TO RELEASE INFORMATION

Name of Patient MISS KATRINA MARGERY

Address 1 WING HSE, WING ROAD,
LEYSDOWN, -ON-SEA SHEERNESS
KENT, ME12 4QR

If you are the legal representative or parent please provide your name

I the patient/legal representative would be grateful if you could kindly provide me with

A copy of my blood results dated:

A copy of my medical records dated From: ALL MEDICAL RECORDS
To HISTORY

A copy of a hospital letter dated:

A copy of my results dated

A Brief Summary of my medical records

Any Other Item that we may hold on your records: - Please list below

Signed

K. Margery

Dated

27/6/18

07851 395 901