

Drs Pooley, Cook, Hiles, Bellas, Tyrer & Smith
The Lambert Medical Centre
2 Chapel Street
Thirsk
North Yorkshire
YO7 1LU
Tel No. 01845 523157

I (patient)

Do hereby authorise access for all my medical conditions / results and all other aspects of my medical records be given to the person(s) named below

Name

Contact Telephone No

Until this instruction is revoked in writing,

Signed (patient)

Date.....