

Northdown Surgery

Patient request for items from medical records

Name:	
Date of Birth:	
Address:	

Can I please request a copy of the following from my medical records:

The more specific you can be, the easier it is for us to quickly provide you with the records requested.

	Please specify in as much detail as possible, including whether this request is for yourself or a third party.
Result <i>what, date</i>	
Letter <i>For what, date</i>	
Other <i>Please provide specific detail</i>	
Digital Access to my Medical Record	

Signature of applicant:..... Print Name

Date of request

Please note that we cannot always complete your request straight away. Please allow 4 weeks before collection.

For surgery use only:

Date of application Received by

Request approved by GP - YES/ NO (please state GP).....

Copy received by patient:

Patient Signature..... Date.....