

PATIENT CONSENT FORM

CONSENT FOR REPRESENTATIVE/S TO ACCESS TEST RESULTS ON PATIENT'S BEHALF

Patient

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

GP name _____

Representative/s

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Declaration of Consent

I hereby give consent for the above named representative/s to access test results on my behalf.

I understand I can revoke this authority at any time by contacting the surgery.

Signed _____

Date _____