

LETTER OF CONSENT FROM PATIENT	
Date	
Name of patient	
Address	
Name of representative	
Relationship of representative	
Address & contact number of representative	
<p>Ihereby authorise the staff of City Walls Medical Centre to discuss any results / medical matters with</p> <p>.....</p>	
<p>Signed</p> <p>Print name.....</p> <p>Date.....</p>	
<p><u>FOR RECEPTION USE ONLY</u></p> <p>Date Taken..... Initials.....</p> <p>Date Scanned & Read Coded Initials.....</p> <p>Major Alert added.....</p>	