AUTHORITY FOR RELEASE OF MEDICAL NOTES AND RECORDS

I ***{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }*** of ***{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } of { MERGEFIELD "CLIENT_HOUSE" }, { IF { MERGEFIELD CLIENT_AREA }= "" "" "{ MERGEFIELD CLIENT_AREA }, " }{ MERGEFIELD "CLIENT_POSTAL_TOWN" }, { IF { MERGEFIELD CLIENT_COUNTY }= "" "" "{ MERGEFIELD CLIENT_COUNTY }, " }{ MERGEFIELD "CLIENT_POSTCODE" }*** hereby authorise the release of my medical records, notes, reports and x-rays to ***{ ASK who "Enter name of person requiring access to client's medical records." \d " " }{ REF who * MERGEFORMAT }*** for the purpose of preparing a medical report arising out of the accident on **{** MERGEFIELD TK_ACCDETS_tkACCDATE **}**.

The name and address of my General Practitioner is:	**{** MERGEFIELD TK_PIINJMEDDETS_tkGPNAME **}** of **{** MERGEFIELD TK_PIINJMEDDETS_tkGPSURGERY **}**
The Hospital I have visited is:	**{** MERGEFIELD TK_PIINJMEDDETS_tkHOSPITAL_name **}** **{** MERGEFIELD TK_PIINJMEDDETS_tkHOSPITAL_address **}**
My date of birth is:	**{** MERGEFIELD TK_PICLIENTINFO_tkCL_DOB **}**
My National Insurance No. is:	**{** MERGEFIELD TK_PICLIENTINFO_tkNINUMBER **}**

I certify that no legal action is contemplated against my General Practitioner and/or the Health Authority in respect of any medical treatment received.

Signed .....

Dated .....

Relationship .....

(NB: If the injured party is under 18 years old, consent must be given by parent or guardian.)

AUTHORITY FOR RELEASE OF MEDICAL NOTES AND RECORDS

I ***{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }*** of ***{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } of { MERGEFIELD "CLIENT_HOUSE" }, { IF { MERGEFIELD CLIENT_AREA }= "" "" "{ MERGEFIELD CLIENT_AREA }, " }{ MERGEFIELD "CLIENT_POSTAL_TOWN" }, { IF { MERGEFIELD CLIENT_COUNTY }= "" "" "{ MERGEFIELD CLIENT_COUNTY }, " }{ MERGEFIELD "CLIENT_POSTCODE" }*** hereby authorise the release of my medical records, notes, reports and x-rays to ***{ REF who * MERGEFORMAT }*** for the purpose of preparing a medical report arising out of the accident on **{** MERGEFIELD TK_ACCDETS_tkACCDATE **}**.

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