**Deansgrange Medical Centre**

**2, Clonkeen Road**

**Deansgrange, Blackrock**

**Co. Dublin**

**Tel (012892116**

**email: info@deansgrangemedical.ie**

**Dr Emer Fahy, Dr Paul Gregan**

**Dr Elaine Donnelly, Dr Deirdre Walsh, Dr Aislinn Mc Donnell**

**RELEASE OF MEDICAL RECORDS**

PREVIOUS GP NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_

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**PATIENT CONSENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME)

Consent to the release of my medical records to Deansgrange Medical Centre

Patient Signature

Dear GP,

The above has decided to Register with this practice. I would be grateful if you could send me a copy of their medical records. Signed patient consent in accordance with Data Protection Regulations has been provided below. You can send us the records via Healthmail if convenient on

deansgrangemedicalcentre.gp@healthmail.ie

Yours Sincerely

Dr Emer Fahy, Dr Paul Gregan

Dr Elaine Donnelly, Dr Deirdre Walsh, Dr Aislinn Mc Donnell