



## CONSENT FOR 3<sup>RD</sup> PARTY TO DISCUSS MEDICAL INFORMATION

I.....(Full Name)

Date of Birth.....

Address.....

.....

.....

Post Code.....

Hereby authorise the staff of South Coast Medical Group to discuss my medical condition with:

Name.....

Address .....

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.....

Post Code.....

Tel.....

Signed.....Date.....