

Penketh Health Centre
Honiton way, Penketh, Warrington
Tel: 01925 725644 Fax: 01925 791017

Name:

Address:

Tel Number:

Date:

Re:

Please sign this consent to release information relating to the above. The consent must be returned to the practice before the GP will complete the form.

Payment in full is required to be paid before any work is undertaken.

However this will be reimbursed if we are unable to assist you with this matter.

I consent to my doctor releasing details about my physical and mental health.

Signature.....

Name.....

Date.....

*I do/do not wish to view the information before it is released.

*I will collect/send a representative to collect the form.

(*Please delete whichever does not apply)