



## The Vauxhall Practice

Vauxhall Lane, Chepstow, Monmouthshire NP16 5PZ

Tel: 01291 636100

### Permission Form

Full Name of Patient	Date of Birth
Give permission to...	
Full Name of Family Member(s)/Friend(s)	Relation to Patient
1.	1.
2.	2.
3.	3.
4.	4.
To gain access to my... <i>(circle the appropriate)</i>	
Test Results	
Prescription Information	
Medical Records	
Collect Prescriptions	
Other <i>(Please Specify)</i> :	

Signed

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: