

Request for Medical Notes from Previous GP

TOWN MEDICAL CLINIC
Mullingar Healthcare Complex
Austin Friar St. Mullingar, Co. Westmeath
N91 ED2H

Date:

To: _____
(Name and Address of Previous GP)

RE: _____
(Patient Name) (Patient Date of Birth)

The patient above has request to join our practice. I would be grateful if you could send me a copy of their medical records. Signed patient consent in accordance with Data Protection Regulation has been provided below.

Please email a PDF file to info@townmedicalclinic.ie

Yours truly,

Patient Section

I, _____ consent to having my medical notes transferred to Town Medical Clinic, Mullingar, Co. Westmeath.

(Patient Signature)



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www.TownMedicalClinic.ie



info@townmedicalclinic.ie