

WESTSIDE SURGERY

PATIENT COMPLAINT – THIRD PARTY CONSENT FORM

If you are complaining on behalf of someone else or your complaint or enquiry involves the medical care of someone else, then the consent of that patient is required.

Please print clearly

Patient's name:

Patient's telephone number:

Patient's address:
.....

Your name:

Your telephone number:

Your address:
.....

Please obtain the patient's signed consent below:

I fully consent to my doctor releasing information to, and discussing my care and medical records with, the person named above.

This authority is for an indefinite period/for a limited period only (delete as appropriate).

Where a limited period applies, this authority is valid until..... (insert date)

Signed (Patient)

Date.....