Good People Medical Centre,
Unit 5 , Southgate Shopping Centre,
A92V08A
Phone: 041 2134182
Email: Info@goodpeoplemedical.ie
goodpeoplemedicalcentre@healthmail.ie

REQUEST FOR MEDICAL RECORDS

Full Name _____

Address _____

DOB _____ Mobile _____

I hereby give my consent for my medical records to be transferred to the Good People Medical Centre.

From Dr _____

Address _____

Signed _____ Date _____

Family members (under 18 can be listed below and signed by Parent/Guardian)

Name _____ DOB _____ Sign _____

Name _____ DOB _____ Sign _____

Name _____ DOB _____ Sign _____

Name _____ DOB _____ Sign _____