Dr Ailsa J McEwen
Dr Jennifer E Anthony
Dr Steven McCoy
Dr Elizabeth A Harvey
Dr Christopher J Dixon

ATHOLL MEDICAL CENTRE

Ferry Road
Pitlochry
PH16 5FG
Tel: 01796 472558
Fax: 01796 473775
www.theathollmedicalcentre.co.uk

Consent Form

Patient Details

Full Name:	
Date of Birth:	
Address:	

Details of Person you are giving Consent to

Name	
Relationship to you	
Contact Details Email Address and/or Phone Numbers	

Please ensure all contact information is up to date. If any of this information changes over time, please let us know.

I hereby give consent to the above named person having access to my medical information as specified below:

(tick as appropriate)

- ☐ Test Results
- ☐ Appointment Information
- ☐ Full Access to all my Medical Information
- ☐ Any other, specific, information, please specify:_____

_____

From: __ __ / __ __ / __ __ to: __ __ / __ __ / __ __ or Until Further Notice ☐

Signed: _____

Date: _____