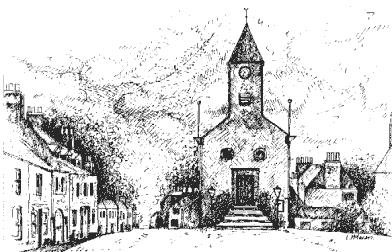
**STOW & LAUDER HEALTH**

1. Patient Consent for 3rd Party (please complete in ink & block capitals)

Patient Name: ........................................................................................

Date Of Birth: .........................................................................................

I give permission for: (3rd party name & address) ..........................................

.............................................................................................................

to discuss matters concerning:

.............................................................................................................

.............................................................................................................

.............................................................................................................

1. I give consent to the General Practitioners within the Stow & Lauder Practice

to release only relevant information to matters relating to the above.

Signed: ..................................................................................................

Date: ....................................................................................................

1. **Only** if patient is unable to sign consent form, please complete the

following section:

Name of patient: .....................................................................................

is unable to sign this form because .............................................................

.............................................................................................................

.............................................................................................................

.............................................................................................................

Signed: ..................................................................................................

Relationship to patient: .............................................................................

(*Requests under this category will be considered on an individual basis*)

GP Name: ...............................................................................................

GP Signature: ..........................................................................................

Date:........................................ EMIS Code: EMISNQCO282