

Linden Hall Surgery
Station Road, Newport, Shropshire TF10 7EN

Removal or update of consent form

(To remove or update the details of another individual who has access to and can discuss my medical record)

Patient details

Patient name	
Date of birth	
Address	
Postcode	
<p><i>I am a patient of Linden Hall Surgery and I have previously given consent for another individual to have access to my medical records and/ or to discuss my medical requirements. I wish for their details to be updated or removed from my medical record.</i></p> <p>Signature of patient:</p> <p>Date:</p>	

Contact details for the individual who I wish to remove from my medical record

Full name	
Telephone number	
Relationship to patient	

New contact details for the individual who I wish to grant access

Full name	
Telephone number	
Relationship to patient	