



**berrylands
surgery**

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Patient Complaint Form – Third Party Consent Form

Patient Details:

Patient's Full Name _____

Date of Birth _____

Address _____

Telephone Number _____

Enquirer / Complainant Details:

Full Name _____

Relationship to Patient _____

Address _____

Telephone Number _____

If you are complaining on behalf of a patient or your complaint or enquiry involves the medical care of another patient then the consent of the patient will be required. 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 _____