

Academy Medical Centre  
Academy Street  
FORFAR  
DD8 2HA



Tel: 01307 462316

**ACCESS TO MEDICAL INFORMATION BY A THIRD PARTY**

**PATIENT DETAILS**

Name .....

Date of Birth .....

Address/Postcode .....

Telephone Number .....

I hereby authorise the person/persons named below to contact the surgery on my behalf or the surgery to contact them to discuss details from my medical records.

**DETAILS OF PATIENT REPRESENTATIVE**

Name .....

Address/Postcode .....

Telephone Number .....

Relationship to patient .....

**IMPORTANT INFORMATION – PLEASE UPDATE THE PRACTICE RE ANY CHANGE OF CONTACT DETAILS IN THE FUTURE SUCH AS ADDRESS OR CONTACT NUMBER SO THAT THE RECORDS CAN BE UPDATED**

Signature of patient .....

Date .....

Return to the Practice Reception Desk or email the form to : [academymc.tayside@nhs.scot](mailto:academymc.tayside@nhs.scot)

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Dr J Twinn