

**Academy Medical Centre  
Academy Street  
FORFAR  
DD8 2HA**



**Tel: 01307 462316  
Fax: 01307 463623**

**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 .....

**Signature of patient** .....

**Date** .....

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

**Dr K S MacCallum Dr C F L Thomas Dr L Barry**