

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



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

**APPLICATION FORM – ACCESS TO MEDICAL RECORDS/REQUEST FOR PHOTOCOPIES OF NOTES**  
**PATIENT DETAILS**

Surname .....

Forename .....

Date of Birth .....

Address/Postcode .....

Telephone Number .....

Email address.....

**RECORD DETAILS**

Please be specific of the records you wish to obtain and dates, either all medical records or specific treatment details and a brief reason i.e. photocopies of all notes for emigration.

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**Date .....**      **Signature .....**

DETAILS OF APPLICANT (If you are applying to see record/collect records for someone else)

Surname .....

Forename .....

DOB .....

Address/Postcode .....

Telephone Number .....

Relationship to Patient .....

Consent given for ..... To collect on my behalf

**Date .....**      **Signature .....**

**Please return to Reception Desk or email to: [academymc.tayside@nhs.scot](mailto:academymc.tayside@nhs.scot)**

**Dr K S MacCallum    Dr C F L Thomas  
Dr J Denholm**