

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



Tel: 01307 462316

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.

.....
.....

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

Dr C F L Thomas

Dr J Denholm