

Dear Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Eircode \_\_\_\_\_

The following named patients has asked me to be involved in their medical care.  
I would appreciate if you could release their medical records.

Patient Name \_\_\_\_\_

Date of Birth ●●● / ●●● / ●●●●●●

Address \_\_\_\_\_

\_\_\_\_\_ Eircode \_\_\_\_\_

Patient Signature \_\_\_\_\_

Doctor Signature \_\_\_\_\_

Date ●●● / ●●● / ●●●