

ASSOCIATES Dr Ferdinand Saldevar, Dr Samih Guirguis, Dr Heba Azer



Medical Practitioners

Dr Anshu Gupta, Dr Elena Casilen, Dr Shabnam Azarm, Dr Monica Tadros, Dr Laleh Atashbarazar , Dr Sally Sourial , Dr Samina Afzal.

NEXT OF KIN AUTHORISATION FORM

Results and Medical information

Due to our privacy and confidentiality requirements, It is no longer acceptable to verbally accept authorisation to release and details to Next of kin or Emergency contacts or any other third parties without prior written consent.

If you require other parties to access your personal medical information, we do need your signed consent.

I		DOB	/	/	authorise
(authorised person's name)					
	(Relationship)				(Contact)
To have access to (Please Tick) On my Behalf					
□ Results	Correspondence		□ A	ccour	t Information
□ All Information					
Signed		Date _	/	/.	