Dear Doctor

RE: REQUEST TO TRANSFER MEDICAL RECORDS

We would be grateful if you could transfer the records of the below named patient(s) to us at your convenience. Signed patient consent in accordance with the Data Protection Regulations has been provided below.

Yours sincerely

Dr Gazment Berisha

PATIENT CONSENT:

 Name(s): 





 D.O.B. 

Address:

I hereby request that my/our medical records be transferred to the Brewshill Medical Centre.

Signature:

Print: