



Pembroke Road Surgery

www.pembrokeroadsurgery.co.uk

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

RELATIONSHIP TO PATIENT: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I consent fully to my Doctor releasing information to, and discussing my care and medical records with, the person named above.

This authority is for an indefinite period/for a limited period only (delete as appropriate). Where a limited period applies, this authority is valid until..... (insert date)

Signed (Patient)

Date.....

Dr Michael ROSSDALE Dr Anthony FIELDING Dr Sarah LESLEY Dr Rohan PERERA Dr Elise TAYLOR Dr Ben PERT

ASSOCIATES: Dr Sarah GANLY Dr Becky NUTTALL