

Dr. Nicola Black (MCRN 19045)

Dr. Geoff Lavery (MCRN 125820)

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 Nicola Black & Dr Geoff Lavery

PATIENT CONSENT:

Name(s): _____ D.O.B. __/__/__
_____ D.O.B. __/__/__
_____ D.O.B. __/__/__
_____ D.O.B. __/__/__

Address: _____

I hereby request that my/our medical records be transferred to the Oakwood Medical Clinic.

Signature: _____

Print: _____

Date: __/__/__

Oakwood Medical Clinic | 9 Castlecourt Centre, Castleknock, D15 RVF1
Oakwood Medical Clinic | Kirkfield Cottages, Clonsilla Road, D15 VW24
Tel: 01 821 9530 | Fax: 01 821 9531 | Email: info@oakwoodmedical.ie
Registered in Ireland number: 392472

www.oakwoodmedical.ie

