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**GP Partners :** Dr Brooks                      Dr Guirey  
**Salaried GPs :** Dr R Price                      Dr L Williams                      Dr P Ward

**Patient Details:**

Full Name:	Date of Birth:	NHS No:
Address:		

I fully consent to Oakhill Medical Practice releasing information to, and discussing my care and medical records with the person named below;

This authority is [please tick]:

- For an indefinite period
- For a limited period of time only

If you have opted the limited period time please specify the dates this applies to and from:

..... Until .....

Signed (Patient)	Date:
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**Third party details:**

Full Name:	Date of Birth:
Relationship to patient:	
Address:	
Telephone Home:	Telephone Mobile: