

Sample Request for Transfer of patient records

Mr Joseph Bloggs
Private Clinic,
Phone: 01 123456

<Date>

To: <Dr Name>
<Dr. Address>

Re: <Patient Name> **DOB:** <Patient DOB>

Dear <Dr Name>

The above has decided to transfer their specialist care to me. I would be grateful if you could send me a copy of the medical records you hold regarding this patient. Signed patient consent in accordance with Data Protection Regulations has been provided below.

Yours Sincerely

Mr Joseph Bloggs FRCSI

PATIENT SECTION

<Date>

I _____ (PRINT NAME)
consent to the release of my medical records to Mr Bloggs

Patient Signature