Malvern Medical Group

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Patient Name	Date of Birth

Patient Address:

_____
_____
_____
_____

Previous Address (if applicable):

_____
_____
_____
_____

Previous GP: _____ **Address:** _____

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Dear Doctor,
The above recently joined our medical practice. I would be grateful if you could forward all of their relevant medical records or clinical notes.

Below, please find his/her consent for same.

SIGNED: …… (Patient Signature)

SIGNED: …… (Patient Signature)