



# THE CROSS KEYS PRACTICE

Dr. J.F.B. Cahill - Dr. T.W. Neale - Dr. Lucy Guest - Dr. Alison Wilson - Dr. M.N.R. Jones - Dr. R. J. Burkimsher

## View Medical Records Form

Please print & complete all sections of this form, and bring to the surgery. You will then be contacted to arrange a convenient time to attend. Please allow 14 days for your request to be acknowledged. On attending your appointment to view your medical records you will need to bring with you some photographic identification, such as passport or card driving license. Please note that viewing your records will be at the discretion of your GP. The Medical Records Act states that notes dated after November 1991 can be viewed.

Please be aware that there may be a fee for this service.

Name.....

Date of Birth.....

Address.....

.....

Telephone Number.....

I am known to Dr.....

I confirm that I am the patient:

Signed..... Date.....

In the case of a patient representative applying:

I request to see the records of.....

Address.....

..... Date of Birth.....

Patient Authority:

I confirm that.....can have access to my medical records.

Signed.....Date.....

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