COURTYARD SURGERY

CONSENT FORM

If you wish another member of your family, a carer or a friend to help you, please give permission below:

Patient name: ……

Dob: ……

I confirm that I give my permission for (***Name of person***) ……..

(***Relationship to me***) ……

To discuss my medical results and make my appointments.

Signed ……..

Dated ……

Nazwa pacjenta …… Data urodzenia……..

OSWIADCZAM, ZE WYRAZAM ZGODE DLA …….

ABY OMOWIC MOZE WYNIKI MEDYCZNE I UMOWIC MOZE SPOTKANIE.

PODPIS ……

DATA ……