

Request for Medical Records

Date: _____

To: GP Name: _____

GP Address: _____

Re: Name: _____

Address: _____

Date of Birth: _____

Mobile Number: _____

The above named patient has requested to join our practice. I would be grateful if you could send me a copy of their medical records. Signed patient consent in accordance with Data Protection Regulation has been provided below.

Please email my medical records to Seabury Medical through their health mail email address: seaburymedicalcentre.gp@healthmail.ie

Patient Consent

I _____ (PRINT NAME)

Consent to having my medical notes transferred: Seabury Medical, Malahide, Co. Dublin.

Signed: _____

- I give consent for Seabury Medical to contact me by SMS text message at the above number.
- I give consent for Seabury Medical to transfer my personal data for the purpose of claiming & proving eligibility to illness/disability schemes to the Dept. of Social Protection.