

# FAVERSHAM MEDICAL PRACTICE

Faversham Health Centre · Bank Street · Faversham · Kent · ME13 8QR

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Website: [www.favershammedicalpractice.nhs.uk](http://www.favershammedicalpractice.nhs.uk)

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## Consent Form

### Giving permission for a relative/friend/carer to discuss a patient's confidential information

Faversham Medical Practice  
Faversham Health Centre  
Bank Street  
Faversham  
Kent ME13 8QR

I .....  
(Enter full name and date of birth of patient)

Hereby give my permission for: .....

Relationship to patient: .....

Address:.....

To discuss my confidential medical information (listed below) held at the Practice with the practice staff, on my behalf (please tick applicable boxes below):

Test results

Prescriptions

Medical condition

Other issues (please add)

Name of patient .....

Address .....

Signature .....

Date .....

**Please be advised that it is your responsibility to inform the Practice if your wishes change.**