

CONSENT TO RELEASE MY MEDICAL RECORDS

Patient Details

Patient Full Name _____

Patient DOB _____

Patient Address _____

Patient Town/city _____

Patient Postcode _____

Patient Email _____

GP Details

GP Surgery Name _____

GP Address _____

GP Town/city _____

GP Postcode _____

Dear Doctor or Practice manager,

I have instructed Shooting Medicals Ltd to complete my medical proforma, for the purpose of my shotgun/firearms license application. ***I, therefore, consent to Shooting Medicals Ltd obtaining my full medical records in their entirety including any paper cards (Lloyd George cards).*** Please consider this as a formal request to send my medical records. Please consider this request a subject access request to obtain my medical records, free of charge under DPA 2018 (data Protection Act) and GDPR regulations.

Please send my medical records electronically to firearmmedical@shootingmedicals.com (preferred) or by post to Shooting Medicals Ltd, Manchester Therapy Rooms, 3 Mill Bank, Radcliffe, M26 1AJ.

I understand that this request must be processed within 30 days of my request. I understand that, that I can apply via the Information Commissioners Office if you are unable to process my request.

However, I would be grateful if you could forward these on as a matter of urgency so my application can be moved forward.

Thank you for your continued care and help in this request.

Yours sincerely,

Signature:

Name:

Date:

