



MALAHIDE FAMILY PRACTICE

Dr. Claire Fitzsimmons – Dr. Kathleen McClory – Dr Aimee Murphy

Request for Medical Records from Previous GP

Date: _____

TO: _____
(Name and address of Previous GP)

RE: _____ Date of Birth: _____
(Patient Name) (Patient date of birth)

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.

If your surgery uses HealthOne please email the hcr file to malahidefamilypractice.gp@healthmail.ie or you can send us a pdf file to this email address.

Yours sincerely

Dr. Claire Fitzsimmons
MCRN. 295140

PATIENT SECTION

I _____ *(PRINT NAME)*

consent to having my medical notes transferred to: **Dr. Claire Fitzsimmons, Malahide Family Practice, 15 Strand Street, Malahide, Co. Dublin**

Signed: _____
(Patient Signature)