

Drs Shamsee, Ward & Associates



General Data Protection Regulations

PATIENT CONSENT FORM

NameDOB.....

I hereby give consent under the new General Data Protection Regulations 2018 for :-

Please tick ✓

My medication to be ordered

Prescriptions, letters & sick notes to be collected from the practice

Appointments/Cancellations made on my behalf

Signature

Date

It is the responsibility of the patient to inform the practice of any change of personal data under the General Data Protection Regulations 2018. You have the right to withdraw your consent at any time.

Thank you