TALLOW
FAMILY AND WOMEN'S CLINIC

Dr. Rachel Barry (MCRN 303691)

Dear Doctor

**RE: REQUEST TO TRANSFER MEDICAL RECORDS**

We would be grateful if you could transfer the records of the below named patient(s) to us at your convenience. Signed patient consent in accordance with the Data Protection Regulations has been provided below.

Yours sincerely,

_____

Dr. Rachel Barry

**PATIENT CONSENT:**

**Name(s):** _____ **D.O.B.** ___ / ___ /___

_____ **D.O.B.** ___ / ___ /___

_____ **D.O.B.** ___ / ___ /___

_____ **D.O.B.** ___ / ___ /___

_____ **D.O.B.** ___ / ___ /___

**Address:** _____

_____

_____

**I hereby request that my/our medical records be transferred to Tallow Family and Women's Clinic.**

**Any person 18 years or older must sign.**

**Signature:** _____

**Signature:** _____

**Signature:** _____

**Date:** ___ / ___ /___

Tallow Family and Women's Clinic
Barrack's Street, Tallow, Co. Waterford, P51 YY7X
www.tallowfamilyandwomensclinic.ie
Tel: 058-61686
V0.2 Oct 2023