

Third Party Collection Consent Form

Please complete and forward this form if you would like a nominated person other than yourself to collect your prescription or other requested medical data , such as blood results or referral letters from Riverstown Medical Practice when you are unable to do so.

Please note that Riverstown Medical Practice accepts no responsibility for your prescription or requested medical information once it has left our premises.

Practice

Name of Practice	Riverstown Medical Practice
Name of General Practitioner	Dr David Swann

Nominated Third-Party	
Relationship of Patient to Third-Party	
Third-Party Nominee Signature	
Date	

Patient

First Name	
Family Name	
Date of Birth	
Address	
Signature	
Date	