Simpson Medical Group

Partners: Dr A McNutt, Dr C Gall, Dr A Black

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Bathgate Primary Care Centre, Whitburn Road, BATHGATE EH48 2SS
Tel: 01506 654444

3rd PARTY CONSENT FORM

Date: ...../……./……..

Name: …….....

Address: …….

…….

Postcode: ……..

DOB: ……

I …… (patient signature), give consent for the following person/s to act on my behalf. I understand that I can withdraw this consent at any time in writing to the practice.

Person/s acting for the above

Name……relationship…….

Contact number……

Name……relationship…….

Contact number……

This medical issue only ☐

All medical issues ☐
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