

Consent Form

Patients Name:.....

Patients Address:

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.....
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Date of Birth:.....

I give consent for Kings College Health Centre to give copies/information of my
medical notes to.....

Signature.....

Date.....

GP Partner

Dr Mona Vaidya MBBS DFSRH MRCGP DRCOG

Centre Manager

Mr Declan Stow

GP Associates

• Dr Eric Britton MD MPH FRCGP • Dr Chang-Sun Park BSc MBBS MRCGP DRCOG DFSRH • Dr Melanie
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David Spiro MA, MB, BChir, MRCGP • Dr Simon Lex MB ChB