

Patient details

Patient label

As you have been seen at Bupa Cromwell Hospital without an initial referral from your GP/dentist, we require your permission to send details of the care you received to your GP/dentist. If you do not give us permission, a summary of your care will be given to you.

Please tick box, as appropriate:

I give permission for details of the care provided to be sent to my GP/dentist

I **do not** give permission for details of the care provided to be sent to my GP/dentist

Patient signature:

Signature: _____

Print name: _____ Date: _____

Interpreter signature:

Signature: _____

Print name: _____ Date: _____