

Bupa Cromwell Hospital

Patient permission form for treatment info
to GP/Dentist (Paediatrics)



Cromwell Road
London, SW5 0TU
Main tel: 020 7460 2000
www.cromwellhospital.com

Patient details

Patient label

As your child has been seen at Bupa Cromwell Hospital without an initial referral from his or her GP/dentist, we require your permission to send details of the care your child received to his or her GP/dentist. If you do not give us permission, a summary of your child's 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 child's GP/dentist

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

Parent / Guardian's signature:

Signature: _____

Print name: _____ Date: _____

Interpreter's signature:

Signature: _____

Print name: _____ Date: _____

One copy to parent/guardian, one copy to be kept in notes