



GOATSTOWN MEDICAL CENTRE
6 Drummartin Terrace, Goatstown, Dubin I4 DY94

Dr Rodney Regan Dr Tiernan Murray Dr Oisín McPhillips
Dr Jane O’Herlihy
Tel: 2984613/2986338, Fax: 2691160

Request for Medical files

Re (Name)
(Date of Birth).....

The above named &/or dependants has/have registered with Goatstown Medical Centre. I would appreciate if you could forward the below please. Signed patient consent in accordance with Data Protection Regulations has been provided below.

- A summary of this patients notes
- Correspondence from hospital/ clinic
- Results of tests

Below is a signed consent from the patient authorizing release of this information to Goatstown Medical Centre.

Regards

Dr.....

Practice stamp

In line with GDPR guidelines, all patients records should be sent by secure email service service Healthmail: goatstownmedical.gp@healthmail.ie

****Please note: If your practice uses Health one software, we would be grateful if you could forward medical notes in Health One format please via Healthmail to : goatstownmedical.gp@healthmail.ie**

Please send the above details to Goatstown Medical Centre

Patient full Name:.....

Patient Signature..... Date.....