



Castle Street, Roscommon Town, Co. Roscommon F42P797
Tel: 0906626644 Email: info@cssdoctor.ie

Request and Consent for the Transfer of Medical Records

Dear Colleague,

The following patients have registered with this practice. We would be most grateful if you could facilitate a transfer of their medical records that are available to you at your convenience.

Where possible please use the encrypted healthmail email service using the following email address:

brendan.crosbie@healthmail.ie

Date: _____

GP: _____

GP Address: _____

Patient (1): _____

DOB: _____

Patient (2): _____

DOB: _____

Patient (3): _____

DOB: _____

Patient (4): _____

DOB: _____

Consent(s):

I/We: _____
_____ (Print Name(s))

consent to the release and transfer of my/our records to be provided to and recorded by Castle Street Surgery, Castle Street, Roscommon Town, Co Roscommon.

Signed:

Patient (1): _____

Patient (2): _____

Patient (3): _____

Patient (4): _____

With Thanks and Kind Regards,

Dr. Brendan Crosbie
MICGP MRCPI, IMC 411582
GP Partner