

Saggart Medical Centre



Main Street
Saggart (Beside Church)
Co. Dublin
Ph: 01-4586805
Emergency No: 086-0476666

Consent Form

To whom it may concern,

I _____ of _____ give Dr. _____
my consent to release my past medical information / history to Dr.
Alhassan of Saggart Medical Centre.

Patients signature: _____

Witness: _____

Date: _____

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Additional Family Members if applicable:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____